TRANSCRIPT REQUEST FORM

Effective August 1, 2014
First official transcript is free of charge; a $10 fee may be applicable thereafter per requested copy.
Please mail this form, and your fee, if applicable, to
Registrar’s Office, Alice Lloyd College, 100 Purpose Road, Pippa Passes KY 41844.
Fax: 606-368-6215    Email: registrar@alc.edu

Date: __________________

__________________ / __________________ / __________________ / __________________
Last Name    First    Middle    Maiden

Date of Birth: ____/____/______    ALC Student ID# (if known)_______________________

Student’s Signature (Not Typed): _______________________________________________________

Currently Enrolled: _____ yes    _____ no
If Yes, are you returning next semester? _____yes    ____no (transferring, working, other)    __unsure
If No, then give approximate Dates of Attendance: _______________________________________

Current Mailing Address: _______________________________________________________________
City, State & Zip Code: ________________________________________________________________
Home Phone Number: ____/____-______    Daytime Contact number: ____/____-______
Email Address: _____________________________________________________________

Please send ______ transcript(s) to the following address:    Please send ______ transcript(s) to the following address:
___ official copy or ___ student copy    ___ official copy or ___ student copy
________________________________________________________
________________________________________________________
________________________________________________________

Please send ______ transcript(s) to the following address:    Please send ______ transcript(s) to the following address:
___ official copy or ___ student copy    ___ official copy or ___ student copy
________________________________________________________
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DATE APPROVED: _______    INITIALS_______    DATE SENT: _______

Revised 11/29/18