



PRIVATE SCHOOL LICENSURE DIVISION
ALABAMA COMMUNITY COLLEGE SYSTEM
CLOSED SCHOOL TRANSCRIPT REQUEST FORM

Student Name: _____ Phone Number: _____

Email Address: _____ SSN: _____

Date of Birth: _____ Student ID: _____

Name While Attending School (if different from above):

School Attended: _____

Address where transcript is to be sent:

Attention: _____

Business or Institution: _____

Mailing Address: _____

City, State, Zip: _____

FEE: \$10.00 per transcript search
Please be advised this fee is NONREFUNDABLE.

- Check box if you are requesting on behalf of a student, attach a copy of a signed student consent form with the transcript request form.

Please mail this form along with a \$10.00 money order or cashier's check made payable to the "Alabama Community College System" to:

Private School Licensure Division
Alabama Community College System
P.O. Box 302130
Montgomery, AL 36130

Transcript requests will be processed within 7-10 business days upon receipt.