



DEPARTMENT OF POSTSECONDARY EDUCATION
ALABAMA COMMUNITY COLLEGE SYSTEM
CLOSED SCHOOL TRANSCRIPT REQUEST

Student Name: _____

Phone Number: _____ Email Address: _____

Student ID#: _____ SSN: _____

Name While Attending School (if different from above):

School Attended: _____

Address where transcript is to be sent:

Name/Institution: _____

Mailing Address: _____

City, State, Zip: _____

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

If you are a business requesting this transcript, you must provide your Federal Tax ID # in order for us to process this document.

Federal Tax ID #: _____

Please mail this form along with a \$10.00 Money Order (made payable to the Department of Postsecondary Education) to:

Department of Postsecondary Education
Attention: Private School Licensure / Closed Schools
P.O. Box 302130
Montgomery, AL 36130

If we do not have a copy of your transcript, please provide an address where we can send notification:

Name/Institution _____

Mailing Address: _____

City, State, Zip: _____