



DEPARTMENT OF POSTSECONDARY EDUCATION

ALABAMA COMMUNITY COLLEGE SYSTEM

CLAYTON COLLEGE 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:

Mailing Address:

City, State, ZIP:

Fee: \$10.00 per transcript search

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**

Please be advised this fee is NONREFUNDABLE.

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

Mailing Address:

City, State, ZIP: