

# American Liberty University

Excellence in Higher Education



## Transcript Request Form

Official Transcript: \$35 - Payable in Advance

Student #:	_____	D.O.B.:	_____		
Last Name:	_____	First Name:	_____		
Address:	_____		Apt. #:	_____	
City:	_____	State:	_____	Zip Code:	_____
Phone:	_____	E-Mail:	_____		
Graduation Date:	_____				

### Check Appropriate Boxes

- Currently Enrolled
- Hold for Final Grades
- Hold for Recent degree Completion
- Withdrew
- Graduated

**SEND TO ADDRESS BELOW**


I understand that my financial account must be current before an official transcript is issued.  
Official transcript(s) of credit earned at other institutions are not available by ALU.

Requestor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_