

American Liberty University

Excellence in Higher Education



Degree/Transcript/ Information Verification Form

PROCESSING FEE: \$95 for each Degree/Transcript/Information Verification

Student #: _____	D.O.B. _____
Last Name: _____	First Name: _____
Address: _____	Apt. #: _____
City: _____	State: _____ Zip Code: _____
Phone: _____	e-mail: _____

Check Appropriate Boxes

- Currently Enrolled
- Hold for Final Grades
- Hold for Recent degree Completion
- Withdrew
- Graduated
- **Graduation Date:** _____
- **Degree Program** _____

PLEASE SEND TO ADDRESS BELOW

Address: _____	

e-mail: _____	
Phone: _____	Fax: _____

I understand that my financial account must be current before a verification is issued.
Verification of credit earned at other institutions are not available by ALU.

Requestor's Signature: _____ Date: _____