

American Liberty University

Excellence in Higher Education



Transcript Request Form

Official Transcript: \$55 - 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 up-to-date before an official transcript can be issued. Additionally, I acknowledge that official transcripts of credits earned at other institutions are not obtainable through ALU.

Requestor's Signature: _____

Date: _____