



Talladega College
Office of the Registrar
Transcripts Request Form

<p>PLEASE PRINT</p> <p>I.D. # _____</p> <p>Student's Name _____</p> <p>Address _____</p> <p style="padding-left: 40px;">Number Street</p> <p>City _____</p> <p>State _____ Zip Code _____</p> <p>Telephone Number () _____</p>	<p>Payment Information: \$10.00 per transcript (check or money order) (Please contact the Business Office to pay by credit card)</p> <p>_____ Official Transcript _____ Student Copy _____ Hold for Semester Grades</p> <p>FOR OFFICE USE ONLY</p> <p><i>Payment Information</i></p> <p>___ Official Transcript _____</p> <p>___ Student Copy - date received _____</p> <p>___ Y Hold for Grade - date mailed _____</p> <p>___ N By _____</p> <p style="text-align: right;">_____</p>
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**ACADEMIC
 INFORMATION**

DATES ATTENDED

Mo.	Yr.	to Mo.	Yr.

Birthdate

Mo.	Day	Yr.

<p>PLEASE PRINT</p> <p>Name Held While Attending _____</p> <p>SEND 1 2 3 _____ Copies to: _____</p> <p>Agency / Institution _____</p> <p>Address _____</p> <p style="padding-left: 40px;">Number Street</p> <p>City _____</p> <p>State _____ Zip Code _____</p>	<p>Are you a transfer student? ___ YES ___ NO</p> <p>Social Security Number: _____</p> <p>Student's Signature _____</p>
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PRINT THIS FORM AND DROP OFF or MAIL TO:

Office of the Registrar
Talladega College
Talladega, AL 35160
Web form – Updated 07 2004