

REQUEST FOR CLOSED PRIVATE SCHOOL TRANSCRIPT

Name of Student _____

Phone Number _____

Name While Attending School (if different from above)

School Attended _____

SSN _____

Address where transcript is to be sent:

Mailing Address: _____

City, State, Zip: _____

Amount: \$ 10.00 _____

If you are a business requesting this transcript, you **must** provide your Federal Tax ID # in order for us to process a refund in the event we do not have the transcript.

Federal Tax ID #: _____

Please mail this form along with a \$10.00 **Money Order** (made payable to Department of Postsecondary Education) to:

Department of Postsecondary Education
Attn: Closed Private School Transcript
P.O. Box 302130
Montgomery, AL 36130

If we do not have a copy of your transcript, please provide an address where we can send the \$10.00 refund:

Mailing Address: _____

City, State, Zip: _____