



Lurleen B. Wallace Community College

REQUEST FOR ACADEMIC TRANSCRIPT OF RECORD

INDICATE TYPE OF RECORD REQUESTED: LBWCC TRANSCRIPT GED TRANSCRIPT

NAME _____		
LAST	FIRST	MIDDLE
SOCIAL SECURITY NUMBER ____ - ____ - ____ FORMER NAME OR NAMES _____		
ADDRESS _____		CITY _____ STATE _____ ZIP _____
DATE OF BIRTH _____		TODAY'S DATE _____

<u>GED RECIPIENTS:</u>	DATE YOU EARNED YOUR GED _____	
	TEST SITE <input type="radio"/> ANDALUSIA <input type="radio"/> MACARTHUR <input type="radio"/> GREENVILLE	
<u>COLLEGE STUDENTS:</u>		
I ATTENDED THE:	DATES OF ATTENDANCE:	CURRENTLY ENROLLED?
<input type="radio"/> ANDALUSIA CAMPUS	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="radio"/> MACARTHUR CAMPUS	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="radio"/> GREENVILLE CAMPUS	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE MAIL MY TRANSCRIPT FROM THE LBWCC CAMPUS(ES) INDICATED ABOVE TO: <i>(PRINT COMPLETE MAILING ADDRESS CLEARLY)</i>	
_____	PLEASE SEND: <input type="checkbox"/> AS SOON AS POSSIBLE <input type="checkbox"/> HOLD FOR THIS TERM'S GRADES

STUDENT'S SIGNATURE

OFFICE USE: TRANSCRIPT MAILED _____ COMPLETED BY _____
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