



REQUEST FOR ACADEMIC TRANSCRIPT OF RECORD

NAME LAST FIRST MIDDLE
STUDENT ID FORMER NAME OR NAMES
ADDRESS CITY STATE ZIP
DATE OF BIRTH TODAY'S DATE

I ATTENDED THE: DATES OF ATTENDANCE: CURRENTLY ENROLLED?
o ANDALUSIA CAMPUS
o MACARTHUR CAMPUS
o GREENVILLE CAMPUS

PLEASE MAIL MY TRANSCRIPT FROM THE LBWCC CAMPUS(ES) INDICATED ABOVE TO: (PRINT COMPLETE MAILING ADDRESS CLEARLY)
PLEASE SEND: AS SOON AS POSSIBLE HOLD FOR THIS TERM'S GRADES

Andalusia Fax (334) 881-2201

MacArthur Fax (334) 493-7003

STUDENT'S SIGNATURE

OFFICE USE: TRANSCRIPT MAILED COMPLETED BY