

# 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:** \_\_\_\_\_