



Concordia College Alabama Transcript Request Form

Name (ALL applicable): _____

Last Four (4) Digits of Social Security Number: _____ Date of Birth: __/__/____

Current Address: _____

Dates of Attendance: _____

Issue to: _____

Street Line 1: _____

Street Line 2: _____

City: _____ State: _____ Zip or Postal Code: _____

Nation (If other than United States): _____

Copies Ordered: _____

Print Transcript: ☐ in person ☐ standard mail ☐ overnight

Cost of Order (\$10.00 standard mail; \$30.00 overnight): _____

Type of Transcript: ☐ Unofficial ☐ Official

Business Office Confirmation Number (if applicable): _____

Signature: _____ Date: __/__/____

All requests can be sent to one of the following:

US Mail:	Email:	Fax:
Concordia College	transcripts@ccal.edu	(334) 874-5755
ATTN: Registrar's Office		
1712 Broad Street		
Selma, AL 36701		

OFFICIAL USE ONLY

Print Date: __/__/____ Date Mailed: __/__/____

Registrar: _____ Date: __/__/____