

Transcript Request Form for Previous Students

Please fill out the following form and return/mail to

Lowndes Academy
PO Box 99
Lowndesboro, Alabama 36752

There is a \$2.00 fee for **each** transcript requested. *Fee must accompany request.*

Current Name: _____

Current Address: _____

City/State/Zip: _____

Phone Number: _____

Name while attending Lowndes Academy

Social Security Number: _____

Date of graduation: ____/____/____

Today's Date: ____/____/____ Signature: _____

Send official transcript to:

Name of Institution: _____

Address: _____

City/State/Zip Code: _____