Appalachian School of Law

Academic Transcript Request Form

1169 Edgewater Drive Grundy, VA 24614

Phone: (276) 935-4349 or (800) 895-7411

Fax: (276) 935-8496

Please Print Legibly:				
Student Name:	Date of Reque	Date of Request:		
Email Address:	Phone:	Phone:		
Student Address:	City:	State:	Zip:	
Please Read the Following and Sign Below:				
-Transcripts will <u>not</u> be released to any studen any student who owes the school property (ke		ng balance for tuition	ons, fees, etc. or to	
-Transcripts are released only by a signed requ	est from a student.			
This document specifically waives your rights under table as amended. When executed it authorizes and permit transcript information held by ASL to the requested it	ts the Appalachian	School of Law to s	•	
Student's Signature:	Date:			
Please select the transcript of	options below for you	r requests.		
OFFICAL Transcripts (\$5.00 each*)	UNOF	UNOFFICIAL Transcripts (no charge)		
Number of OFFICIAL Transcripts *Official Transcript fees are waived for bar applications and employment purposes. Please note below if this request is for these purposes.	Numbe	er of UNOFFICIAL	Transcripts	
Please issue official transcript to: (Include Contact Name, Address, etc.)	Please issue ui (Include Contact Nam	nofficial transcript t e, Address, etc.)	to:	

Processing Time is Approximately 3 Business Days