



Escrip Transcript Request

****24 to 48 hour processing time****

Completed forms can be faxed to 251.580.2285; or emailed to registrar@coastalalabama.edu

College name

Recipient FICE code & EXT., or email address

Network participants will have a FICE code, if they are not a participant you will need to provide an email address for the recipient

Personal email address

Student Name: _____

Student ID or SSN#: _____

Date of Birth: _____

Student's Signature

Date

PLEASE SEND TRANSCRIPT: _____ IMMEDIATELY

_____ AFTER GRADES ARE POSTED

By completing this request, you are authorizing Coastal Alabama Community College to electronically deliver your official transcript to the above requested recipient. Please contact 251.580.2227 with any questions.