

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Mail this form to the Principal's Office of your Current or Former High School

STUDENT INFORMATION:

Student Name:		Student ID (if Known):
Home Address:		
City:	State:	Zip Code:
Birth date:	Social Security Number:	High School Graduation Year:
X: PLEASE INCLUDE IMMUNIZATION RECORDS & ACT TEST SCORES		

HIGH SCHOOL INFORMATION:

Name of High School:
Address:
City, State, Zip Code:

To be "official" a transcript must be mailed in a sealed envelope from the originating school.

Send transcript now (in progress or previously graduated or earlier)

Send transcript after graduation

Please send an official high school transcript to:

Office of Admissions
Lake Region State College
1801 College Dr N
Devils Lake ND 58301

Student's Signature: _____