



**Please complete this form thoroughly and return to:**

Leech Lake Tribal College Student Services

Attn: Registrar's Office

P.O. Box 180

Cass Lake, MN 56633

*If you have further questions, please call the Registrar at 218-335-4222*

*This form may also be faxed to: 218-335-4217*

## Transcript Release Form

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### To obtain a transcript:

- Print all information requested
  - Submit your request to the Registrar
  - Check one of the three choices below:
    - ☐ Send now
    - ☐ Send after grades are posted (list term/year) \_\_\_\_\_
    - ☐ Send after degree is posted (list expected graduation date) \_\_\_\_\_
- 

### Student Information:

|                    |        |        |         |
|--------------------|--------|--------|---------|
| First:             | MI     | Last:  | Maiden: |
| Mailing Address:   |        |        |         |
| City:              |        | State: | Zip:    |
| SSN or Student ID: | Phone: | Email: |         |

- ☐ I will be picking up my transcript. Number of copies: \_\_\_\_\_
- ☐ Please mail my address listed above.
- ☐ Please mail my Official Transcript to:

|                  |        |      |
|------------------|--------|------|
| Organization:    |        |      |
| Attn:            |        |      |
| Mailing Address: |        |      |
| City:            | State: | Zip: |

*Due to the Family Educational Rights Act of 1974, student signature is required for release of transcripts. All holds must be cleared before an official transcript is sent. You will be notified if your transcript cannot be released. Transcripts mailed to you will be issued in a separate sealed envelope.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_