

REQUEST FOR TRANSCRIPT

Fax:

Email:

Transcripts can be submitted to FDLTCC using one of the following methods:

Mail:

Transcripts	(218) 879-0814	transcripts@fdltcc.edu
Records and Registration		
2101 14th St.		
Cloquet, MN 55720		
Name while enrolled:	Student ID or Date of Birth:	
Address:		
City:	State:	Zip Code:
Phone:	E-mail:	
Official Transcript	8.00 Hold for Semester Grades	
Unofficial Transcript	Hold for Degree Posting	
Let them know that that you have credit electronically. Indicate where you want your transcript Name:	•	ollege and they access your transcript
Address:		
	State:	Zip Code:
Student Signature Required:	D	ate:
By checking this box and typing my	name above, I am electronically signing m	y Request for Transcript.
Check or Money O	order payable to Fond du Lac Tribal and Co	mmunity College
VISA	MASTERCARD	DISCOVER
Account #		
Expiration Date: 3 digit Sec Mailing address of Card Holder if differe	curity Code: (must have this cod nt from address listed above:	e) Billing Zip Code:
Address:	Phone:E-r	nail:
	Zip	