



REQUEST FOR TRANSCRIPT

Send to this address with payment:

Transcripts
Records and Registration
Fond du Lac Tribal and Community College
2101 14th Street
Cloquet, MN 55720
Fax 218-879-0814

Please type or print clearly:

Date: _____ Name while enrolled: _____ Tech ID: _____

Address: _____ Phone: _____ E-mail: _____
Street City Zip

_____ Official Transcript \$8.25 _____ Hold for Semester Grades

_____ Unofficial Transcript \$3.00 _____ Hold for Degree Posting

If you are requesting a transcript to go to another MNSCU college or university you do not need to request a transcript. Let them know that that you have credits at Fond du Lac Tribal and Community College and they access your transcript electronically.

Indicate where you want your transcript to go:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature Required: _____ Date: _____

Check or Money Order payable to Fond du Lac Tribal and Community College

VISA

MASTERCARD

DISCOVER

Account # _____

Expiration Date: ____/____ Security Code: ____ (must have this code) Billing Zip Code: _____

Mailing address of Card Holder if different from above:

Address: _____ Phone: _____ E-mail: _____
Street City Zip