



## REQUEST FOR TRANSCRIPT

Send to this address with payment:

Transcripts

Records and Registration

Fond du Lac Tribal and Community College

2101 14<sup>th</sup> 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 \$8.65 \_\_\_\_\_ Hold for Semester Grades

\_\_\_\_\_ 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