



Request for Educational Records

Please return this form to the Admissions Office located in the Office of Student Services

Student Information	Insert information in boxes below
Student Full Name	
Contact Phone Number	
Social Security Number	
Date of Birth	
Mailing Address Line 1	
City and State	
Zip Code	
Name of High School Student Last Attended	
Date/Year Graduated	
City and State where High School is located	

X

Signature of Student

Please send Official High School Transcript by mail, fax, email, or other means to:

Leech Lake Tribal College
Office of Admissions
6945 Little Wolf RD NW
Cass Lake, MN 56633
Phone: 218-335-4220
Fax: 218-335-4217

Please make sure the transcript includes: Graduation Date, signature of school official, and a Minnesota Automated Reporting Student System (MARSS) number in applicable.

If you have any questions, please contact the Office of Admissions, at 218-335-4289 or email: admissions@lltc.edu.