



LEECH LAKE TRIBAL COLLEGE
 6945 Littlewolf Road NW
 Cass Lake, MN 56633
 Phone (218) 335-4200
 Fax (218) 335-4217

REQUEST FOR OFFICIAL LLTC TRANSCRIPT

STUDENT INFORMATION

Student Name: Last/Maiden, First, MI		Student ID
Contact Phone	Social Security #	Date of Birth
Mailing Address	City/State	Zip
Physical Address	City/State	Zip

PROCESSING INSTRUCTIONS:

Process now. Today's Date: _____

Hold for grades to be posted. Term/Year: _____

Hold for degrees to be posted. Graduation Date: _____

I will pick up my official transcript.

Please email my official transcript to: _____

Please fax my official transcript to: _____

Please send my official transcript to the following address:

Name of Institution		
Attn:		
Mailing Address	City/State	Zip

Student signature is required for the release of transcripts. If you have any questions, please contact the registrar, at (218) 335-4222 or email studentservices@lltc.edu

 Student Signature

 Date