TRANSCRIPT REQUEST FORM

APPLICANT: Please complete the top portion of this request and forward it to your secondary school counselor or Registrar.

To the COUNSELOR/REGISTRAR at: School_____

Address_____

I hereby authorize you to issue an official transcript of my record and grant permission to release pertinent and confidential information from my file to the Lac Courte OreillesOjibwa Community College Registrar's Office.

_____	_____
Name (Print & include Maiden)	**Signature**
_____	_____
Address	**Today's Date**
_____	_____
City/State & Zip	**Year last attended School above**
_____	_____
Date of Birth	**Social Security Number**

_____

Name of Student_____

Counselor/Registrar: Please complete this form and forward it to the Lac Court Oriels Ojibwa Community College Registrar's Office, along with an official transcript of the above named student's record.

1. **This student graduated/will graduate from our school_____**
   Month and Year
2. **The student's class rank is _____ out of a class of _____.**
3. **Recommendation to college. If your school policy precludes recommendation, please check this space_____.**

NAME_____TITLE_____

SIGNATURE_____DATE_____

NAME OF SCHOOL_____

Please mail the bottom of this form and transcript to:

REGISTRAR'S OFFICE
LAC COURTE ORIELLES OJIBWA COMMUNITY COLLEGE
13466 W TREPANIA ROAD
HAYWARD, WI 54843-2181