

REQUEST FOR EDUCATIONAL RECORDS FORM

Please complete this form fully and return it to the Admissions Coordinator, housed within the Student Service department. A copy can be emailed to admissions@lltc.edu.

Student's Full Name	
Maiden/Other Name (If None, Write N/A)	
Last 4 of Student's Social Security #	
Phone Number	
Date of Birth	
Mailing Address	
City and State, Zip Code	
Name of High School Graduated From	
Month and Year of Graduation	
City and State of High School	

X Student's Signature

Date

Please make sure the transcript includes:

- Graduation Date
- Signature of school official
- a Minnesota Automated Reporting Student System (MARSS) number if applicable.

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

Leech Lake Tribal College, Attn: Admissions
6945 Little Wolf Rd NW
Cass Lake, MN 56633

Fax: (218) 335-4220

Email: admissions@lltc.edu