

Transcript Request

Submit with payment to:

Lake Superior College Student Payment Office 2101 Trinity Rd. Duluth, MN 55811 Phone: 218-733-7610 email: transcript@lsc.edu

Official and unofficial transcripts are \$5.00 each.

Transcripts will be processed within **five** business days.

Date:	Date:		
Current First &	Last Name:		
			Zip:
Phone ()_		E-Mail:	
Approximate d	ates of attendance	: Date of B	irth:
Where to Ser	nd Transcript /	Note: DBU Transcripts <u>cannot</u> be em	ailed <u>or</u> sent electronically.
Check one:	UMD CSS UWS Other (fill out address below)		
	Pick up at LSC S	tudent Services, Building S, D	Ooor S1 (will need to show ID)
	Fax #: ()	Note: Faxing is n	oot official
Other College of	or Organization:		
Department/Per	rson:		
Address:			
City:		State:	Zip <u>:</u>
Payment Opti	ons		
Cash	Check	Money Order #	
Credit Card #		Exp. Date	Security Code
Student Signa	ture (required)	<u></u>	
		Office Use Only	
Amount Paid		Date Paid	Initials