



A member of Minnesota State

# Transcript Request

Submit with payment to:  
Lake Superior College  
**Student Payment Office**  
2101 Trinity Rd.  
Duluth, MN 55811  
Phone: 218-733-7610  
Fax: 218-733-5945  
email: transcript@lsc.edu

Official transcripts are \$5.00 each.

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

Date: \_\_\_\_\_ LSC Student ID or Star ID: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

Current First & Last Name: \_\_\_\_\_

Name(s) While Attending School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Email: \_\_\_\_\_

Approximate dates of attendance: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### When to Send Transcript:

Send Now

After Grades are Posted

After Degree is Posted

### Where to Send Transcript:

Check one:      UMD      CSS      UWS      Other (fill out address below)

Pick up at LSC Student Services, Building S, Door S1 (will need to show ID)

Fax # (      ) \_\_\_\_\_ *Note: Faxing or emailing transcripts is **NOT** Official*

Other college or organization: \_\_\_\_\_

Department / Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Payment Options

Cash      Check

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Student Signature (required)** \_\_\_\_\_

### Office Use Only

Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Initials \_\_\_\_\_