Turtle Mountain Community College

Telephone (701)-477-7862

Request for Official High School Transcript

Name of High Schoo	Name	of	High	Scho	ol
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Please send an official copy of my High School Transcript to:

Joni LaFontaine TMCC/Office of Admissions PO BOX 340 Belcourt, ND 58316

N	am	e:
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First Name	MI	Last		Maiden
Social Security Number:		Birth Date:		
Student Mailing Address	5			
Address		City	State	Zip

Date

NOTE: Please Print this form and mail to your high school for processing

Student Signature