



TRANSCRIPT REQUEST

Student Name _____
(Please Print) Last First Middle

Previous Name(s) _____ Student ID _____

Birth Date _____ Dates Attended LSSU _____ to _____

Current Address _____

Email Address _____ Phone _____

No. of Official Transcripts (**officials cannot be faxed**) _____ No. of Unofficial Transcripts _____

CHECK ONE: Send Immediately Send after grades for _____ Semester
 Send after degree statement is on record

For each address below, please check whether the transcript should be official or unofficial.

<input type="checkbox"/> OFFICIAL	<input type="checkbox"/> UNOFFICIAL TO:	<input type="checkbox"/> OFFICIAL	<input type="checkbox"/> UNOFFICIAL TO:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Signature _____ Date _____

Requests can NOT be processed without your signature.

A student's very first transcript is free; all additional transcripts cost \$5.00 each. Please choose method of payment and complete the appropriate information:

Enclosed please find my check in the amount of \$ _____.

Please charge my credit/debit card: Visa Mastercard Discover

Name on Credit Card: _____ Amount to be charged: _____

Credit Card Number: _____ Exp. Date: _____

Mail, fax, scan and email, or deliver form to:
Registrar's Office
Lake Superior State University
650 W Easterday Avenue
Sault Ste Marie, MI 49783
Phone: 906-635-2682 Fax: 906-635-6669
Email: registrar@lssu.edu

Office Use Only: Amt Pd _____ Proc by _____ Date _____ For Holds: <input type="checkbox"/> Sent Email _____ <input type="checkbox"/> Sent Letter _____ Phoned - <input type="checkbox"/> Talked to Student <input type="checkbox"/> Left message <input type="checkbox"/> No answer _____ _____
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