



TRANSCRIPT REQUEST

Student Name _____
(Please Print) Last First Middle

Previous Name(s) _____ Student ID _____
If known

Birth Date _____ Dates Attended LSSU _____ to _____

PERMANENT ADDRESS: PO Box/Street _____

City, State, Zip/Postal Code _____

Email Address _____ Phone _____
This telephone is: CELL HOME WORK (circle one)

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.

OFFICIAL UNOFFICIAL TO:

OFFICIAL UNOFFICIAL TO:

Name of Person and/or Organization

Name of Person and/or Organization

Address or Fax #

Address or Fax #

Student's Signature _____ Date _____

Requests can NOT be processed without your signature.

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: 906-635-6202

Email: transcripts@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 _____	

A student's very first transcript is free; all additional transcripts cost \$5.00 each. (Cash is acceptable if paying in person.) Please choose method of payment and complete the appropriate information:

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

Please charge my credit/debit card: Visa MasterCard Discover American Express

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

Credit Card Number: _____ Exp. Date: _____