



FOND DU LAC OJIBWE SCHOOL

49 UNIVERSITY ROAD

CLOQUET, MN 55720

TRANSCRIPT RELEASE FORM

Student Name: _____

First

Middle

Last

Name as Student: (If Different from Above): _____

Student's Date of Birth: _____

If not a current student, we need a contact phone number (with area code)

Year Graduated: _____

If Request Is to Be Sent to A College, Please Have Application Done

Before Requesting Transcript.

I hereby authorize Fond du Lac Ojibwe School to release the following information: **Please check one:**

Official Copy _____ All official transcripts **need to be mailed from Fond du Lac Ojibwe School.**

Unofficial (student copy) _____ Student will be responsible for coming to pick up transcripts.

Signature of Student (if 18 or older) _____

Signature of Parent/Guardian (if student is under 18) _____

PLEASE PROVIDE COMPLETE NAME & ADDRESS OF COLLEGE/UNIVERSITY TRANSCRIPT IS TO BE MAILED:

Today's Date: _____ Date Office Mailed Transcript: _____