

ITASCA COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

Date: _____

Mail to:

(Mailing Label – Print Clearly & Do Not Write Address Below This Line)

Student Name (please print) _____

Student ID # or SS# _____ Student Phone # _____

Signature _____

INSTRUCTIONS FOR RECORDS OFFICE

Please indicate:

_____ Number of Official Copies
(\$5.00 per copy)

_____ Number of Unofficial Copies
(\$3.00 per copy)

Please select ONE of the following:

_____ Issue to student

_____ Mail Immediately

_____ Mail after current semester grades are posted. Specify term _____

_____ Mail after degree has been posted. Specify term of graduation _____

_____ Mail after statement of "MNTC Completion" has been posted

Additional Information to be included in mailing:

_____ Placement test scores

_____ Immunization Records (\$5.00 per copy)

_____ Application and app fee

_____ Other