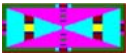


Little Big Horn College Official Transcript Request



Full Legal Name (Last, First, Middle):		Student ID # or Social Security #:
Previous/Former Names:		Date of Birth:
Current Address:	Current City, State, Zip:	
Phone Number(s):	Year you began classes at LBHC:	Year you last attended LBHC: <small>Write "current" if you are enrolled now</small>

Check box if transcript(s) are to be picked up:

Request #1
Send Transcript(s) to: _____ Number of Copies: _____

Request #2
Send Transcript(s) to: _____ Number of Copies: _____

Name/Company

Address

City, State, Zip

Name/Company

Address

City, State, Zip

Signature: _____ **Grand Total:\$** _____

Unsigned request cannot be processed!

*Send **Signed** requests with check or money order, payable to Little Big Horn College. Mail to:
Little Big Horn College, Registrar Office, 8645 South Weaver Drive, P.O. Box 370 Crow Agency, Mt. 59022.*

Transcripts requests must be paid in advance. Transcripts are \$3.00 per copy. Transcripts are processed within 3 working days following receipt of a complete transcript request and the payment of the transcript fee. Transcripts are mailed via United States Postal Service.

Office Use

Date Received Official Request _____ Initial _____

Date Received Transcript Fee _____ Initial _____

Official Transcript Prepared by: _____ Date Official Transcript Sent: _____

Outstanding Bill

Other Actions: