

I would like a copy of my transcripts: [] High School

HIGH SCHOOL TRANSCRIPT REQUEST

Dear Registrar:

LAST	FIRST	MIDDLE	MAIDEN	
Address:				
Phone Number Soc	ial Security No	Date of Birth		
Institution requestion transcript from:				
		Institution		
No. of transcripts:				
		Address		
Send transcript to:				
Cankdeska Cikana Community	College			
Admission Office				
PO Box 269				
Fort Totten, ND 58335				
Year last attended:				
05/29/18		SIGNATURE OF STUDENT		