



Official Transcript Request Form

Brainerd Campus
 501 West College Drive
 Brainerd, MN 56401-3900
 Attention: Business Office Cashier
 1-800-933-0346 or 218-855-8030
 FAX#: 218-855-8230

Staples Campus
 1830 Airport Road
 Staples, MN 56479-3252
 Attention: Business Office Cashier
 1-800-247-6836 or 218-894-5109
 FAX#: 218-855-8230



If you need an official Central Lakes College (CLC) transcript sent to a [Minnesota State College or University](#), that institution may be able to obtain your CLC transcript free of charge. Please contact that institution directly for further information. A complete listing of the MnSCU colleges/universities can be found at www.mnscu.edu/campuses. If you attended Brainerd Technical College and/or Staples Technical College prior to 1986, you must complete this form. If you are requesting an official transcript to be mailed to a MnSCU institution,

OFFICIAL TRANSCRIPT FEE: A \$7.50 fee is charged for each official transcript requested. A check or money order (please do not mail cash) made payable to Central Lakes College OR credit card (provide information below) must accompany this form and be returned to the above address prior to the transcript being released. There is no fee for unofficial transcripts.

Last Name: _____ First Name: _____ Middle: _____

Social Security # or Tech ID: _____ Date of Birth: _____

Name (if different from above**) when attending college: _____

**To request a name change, please see Name, Address, Social Security Number Change Form

Student Address: _____

City, State, Zip: _____ Cell #: _____ Telephone #: _____

Approximate dates you attended this college: _____

If you attended before July 16, 1996, please check which campus(es) you attended.

Brainerd Community College: _____ Brainerd Technical College: _____ Staples Technical College: _____

I request and authorize Central Lakes College to forward an official copy of my transcript to:

College/Company Name: _____

Attention: _____

Street Address: _____

City, State, Zip: _____

Check items which apply: Will pick up transcript Send as soon as possible

Hold for grades: Fall Spring Summer Hold until degree is recorded. Semester graduating _____

Number of copies requested at \$7.50 for each transcript.

Remarks: _____

Student Signature: _____ Date: _____

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Paula Huss in Disability Services, office C111 at 800-933-0346 ext 8175. Deaf and Hard of Hearing users or TTY communication contact the "Minnesota Relay Service at 7-1-1 or 1-800-627-3529."

Method of Payment: Circle One
 Check Money Order Credit Card

Card #: _____

Please circle one: VISA MC

Exp Date: _____ CVV Code: _____

3 digit code on back of card

Name on card: _____

For office use only

Fee Paid Date: _____ Transaction #: _____ 101505-9199

Cashier Signature: _____

Registration signature: _____ Date: _____

Transcript sent Transcript picked up