



General Petition

Directions:

Please complete this form to request an exception to be made to your student records at CLC.

Student Information

Last Name: _____ First: _____ Middle: _____

SSN or Tech ID: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail: _____

Student Petition:

Please state request of petition: _____

Student signature _____ Date: _____

CLC Administrative Review:

Petition Response: Approved _____ Denied

Comments:

Signature of CLC Reviewer: _____ Date: _____

Title of CLC Reviewer: _____



CLC Contact Information:

CLC Brainerd Campus
501 West College Drive
Brainerd, MN 56401-3900
1-800-933-0346 or
218-855-8000
Fax: 218-855-8269
askclc@clcmn.edu

Staples Campus
1830 Airport Road
Staples, MN 56479-3252
1-800-247-6836 or
218-894-5100
Fax: 218-894-5185
askclc@clcmn.edu