

Mesabi Range Community and Technical College TRANSCRIPT REQUEST

Last Name First MI (maiden name)

Date _____

of copies _____

Social Security Number or Student ID

current mailing address

Hold for:

_____ semester grades

_____ graduation

Telephone (_____)

Date of birth

send immediately _____

Send CPT scores _____

Please mail transcript to the address below:

Transcript fees (check one)

_____ Official \$5 non-refundable

_____ Student copy \$3

_____ Fax copy \$8
(not considered official)

Signature