



Date Received	Date Logged

**Request for Transcript**

PO Box 819, 504 SE boundary St, Browning, MT 59417  
 (406) 338-5441 or FAX: (406) 338-3776

**YOUR COMPLETE NAME & ADDRESS:**


STUDENT ID:

**STUDENT IS RESPONSIBLE FOR COMPLETE & LEGIBLE ADDRESS.**

Records cannot be released without the written consent of the student.

I would like my transcript:

Mailed Out       Student pick up       Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Maiden/Other name: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*Provide complete information to avoid extra cost and time delays. \*\*No transcript will be released to any student whose obligations to the College have not been met.**

**\*\*There is a \$5 charge for each transcript. \*\* Additional information is listed below.**

**\*\*Transcripts will be processed every Tuesday and Thursday between 10:00am and 1:30pm**

N.O. #	
<input type="checkbox"/> Official Transcript; \$5.00 fee	
<input type="checkbox"/> Unofficial Transcript; \$2.00 fee	
<input type="checkbox"/> FAX-Official; \$10.00 fee	FAX Number: _____ Attn: _____
<b>***NOTE: Transcripts can only by Faxed to in State (MT)</b>	
<input type="checkbox"/> Copies from file; \$1.00 fee	List what copies you are requesting from student file below:

**OFFICE USE ONLY**

<b>Admissions File Complete:</b>	Yes/No	List missing:
<b>***If you are missing information out of your student file your transcript will not be released until said documents are submitted.</b>		
<b>Student Billing:</b>	_____	<b>OWES: YES/NO</b>

<b>Student Signature</b>	<b>Date</b>	Transcript      x      \$5.00 =
		Unofficial Transcript x      \$2.00 =
<b>SEND TO:</b>		Fax (official transcript) X      \$10.00 =
		Other: Copy      x      \$1.00 =
		<b>Clerk Initial:</b> Amount Due =
		Amount Paid =

**Date Printed:** \_\_\_\_\_      **Date Picked up:** \_\_\_\_\_

**Date Mailed/Faxed:** \_\_\_\_\_      **By Whom:** \_\_\_\_\_

**Mailed/Faxed by (Initial):** \_\_\_\_\_