



# TRANSCRIPT REQUEST

Student Name \_\_\_\_\_  
(Please Print) Last First Middle

Previous Name(s) \_\_\_\_\_ Student ID \_\_\_\_\_  
If known

Birth Date \_\_\_\_\_ Dates Attended LSSU \_\_\_\_\_ to \_\_\_\_\_

PERMANENT ADDRESS: PO Box/Street \_\_\_\_\_

City, State, Zip/Postal Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
This telephone is: CELL HOME WORK (circle one)

No. of Official Transcripts (officials cannot be faxed) \_\_\_\_\_ No. of Unofficial Transcripts \_\_\_\_\_

CHECK ONE:  Send Immediately  Send after grades for \_\_\_\_\_ Semester  
 Send after degree statement is on record

For each address below, please check whether the transcript should be official or unofficial.

<input type="checkbox"/> OFFICIAL <input type="checkbox"/> UNOFFICIAL TO:	<input type="checkbox"/> OFFICIAL <input type="checkbox"/> UNOFFICIAL TO:
_____	_____
Name of Person and/or Organization	Name of Person and/or Organization
_____	_____
Address or Fax #	Address or Fax #
_____	_____
_____	_____
_____	_____

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Requests can NOT be processed without your signature.

Mail, fax, scan and email, or deliver form to:

**Registrar's Office**  
**Lake Superior State University**  
**650 W Easterday Avenue**  
**Sault Ste Marie, MI 49783**  
**Phone: 906-635-2682 Fax: 906-635-6202**  
**Email: [registrar@lssu.edu](mailto:registrar@lssu.edu)**

<b>Office Use Only:</b> Amt Pd _____
Proc by _____ Date _____
For Holds: <input type="checkbox"/> Sent Email _____
<input type="checkbox"/> Sent Letter _____
Phoned - <input type="checkbox"/> Talked to Student <input type="checkbox"/> Left message
<input type="checkbox"/> No answer _____
_____
_____

A student's very first transcript is free; all additional transcripts cost \$5.00 each. (Cash is acceptable if paying in person.) Please choose method of payment and complete the appropriate information:

Enclosed please find my check/cash in the amount of \$ \_\_\_\_\_.  
 Please charge my credit/debit card:  Visa  MasterCard  Discover  American Express  
Name on Credit Card: \_\_\_\_\_ Amount to be charged: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_