



FOND DU LAC OJIBWE SCHOOL

49 UNIVERSITY ROAD

CLOQUET, MN 55720

## TRANSCRIPT RELEASE FORM

Student Name: \_\_\_\_\_

First

Middle

Last

Name as Student: (If Different from Above): \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

If not a current student, we need a contact phone number (with area code)

\_\_\_\_\_ Year Graduated: \_\_\_\_\_

**If Request Is to Be Sent to A College, Please Have Application Done**

**Before Requesting Transcript.**

I hereby authorize Fond du Lac Ojibwe School to release the following information: **Please check one:**

Official Copy  All official transcripts **need to be mailed from Fond du Lac Ojibwe School.**

Unofficial (student copy)  Student will be responsible for coming to pick up transcripts.

Signature of Student (if 18 or older) \_\_\_\_\_

Signature of Parent/Guardian (if student is under 18) \_\_\_\_\_

PLEASE PROVIDE COMPLETE NAME & ADDRESS OF COLLEGE/UNIVERSITY TRANSCRIPT IS TO BE MAILED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Office Mailed Transcript: \_\_\_\_\_