



REGISTRATION/ADMISSIONS OFFICE  
1501 Hwy 71  
International Falls, MN 56649  
218-285-2207

**HIGH SCHOOL TRANSCRIPT REQUEST FORM**

**TO: Student**  
**FROM: Berta Wilcox, Registrar**

**Complete this form and mail or fax to the high school you graduated from, or most recently attended.**

Name of High School: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security or Student ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City State Zip (postal code)

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Last date of attendance or year of graduation: \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**TO: High School Records Office**  
**FROM: Berta Wilcox, Registrar**

Please forward an OFFICIAL transcript to the Registration Office (address below) as soon as possible. Please include a copy of the student's most recent immunization records. **Mail the transcript and immunization records to:**

RRCC/Registration  
1501 Highway 71  
International Falls, MN 56649

If there is a charge for transcripts, please bill the student at the address above.