



**HIGH SCHOOL TRANSCRIPT  
REQUEST FORM**

1801 College Drive North, Devils Lake, ND 58301-1598

(701) 662-1600 ♦ fax (701) 662-1570 ♦ 1-800-443-1313  
TDD (701) 662-1572 ♦ www.lrsc.edu

Mail this form to the Principal's Office of your Current or Former High School

**STUDENT INFORMATION:**

Student Name:		Student ID (if known)  W
Home Address:		
City	State	ZIP
Birthdate	Social Security Number	High School Graduation Year
<b>(check) _____ PLEASE INCLUDE IMMUNIZATION RECORDS &amp; ACT TEST SCORES</b>		

**HIGH SCHOOL INFORMATION:**

Name Of High School:
Address:
City, State, ZIP

**To be "official" a transcript must be mailed in a sealed envelope from the originating school.**

**Please send an official high school transcript to:**

Office of Admissions  
Lake Region State College  
1801 College Dr N  
Devils Lake ND 58301-1598

Student's Signature: \_\_\_\_\_