

# TRANSCRIPT REQUEST FORM

Littlefork-Big Falls High School  
700 Main Street  
Littlefork, MN 56653

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Please send an official transcript and immunization records to:

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

\_\_\_\_\_  
Parent/Student Signature

\_\_\_\_\_  
Date