

Attention: (Name of high school, college, or university) _____, please send an Official copy of my academic transcript the address below.

Name _____ SSN/Student Number _____

Address _____ City, St, Zip _____

Other names _____ Date of Birth _____ Date(s) of Attendance _____

1) \$ ____ is enclosed to cover charge for service.
2) Please advise me of the charge for this service.

Great Falls College MSU
Admissions Office
2100 16th Avenue South
Great Falls MT 59405

To be used by the student applying for admissions to Great Falls College Montana State University. Send to each college or university you attended and/or high school you graduated from.

Signature _____

Date _____

Note: Transcript is unofficial if opened by student.

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