

## Salish Kootenai College

Enrollment Services Department P.O. Box 70 Pablo, Montana 59855 (406) 675 – 4800

## High School Transcript Release Form

Please send an official and complete transcript with graduation date to the institution listed below:

Salish Kootenai College ATTN: Raelyn DuMontier P.O. Box 70 Pablo, MT 59855 (406) 275 – 4855

(If there is a charge, please notify the student)

To be completed by student making request: (Please Print)

Name (first, middle, last): Name used while attending (first, middle, last): SSN: \_\_\_ - \_ - \_ DOB: \_ / \_ / \_ Phone: ( \_ \_ \_ ) \_ \_ - \_ \_ \_ Current Mailing Address:

Address City State Zip Name of High School: Mailing Address: \_\_\_\_\_ Address City State Zip Date graduated: \_\_\_\_\_ Month/Year Student Signature: Date: \_\_\_\_\_