



Keweenaw Bay Ojibwa Community College

"Catch Your Dream Through A Superior Education"

P.O. Box 519 Baraga, MI 49908

www.kbocc.edu

(906) 524-8304 Fax: (906) 524-8106

admissions@kbocc.edu

OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM

Name used at the time of graduation from high school:

Last (Maiden) First Middle

Date of Birth: Month _____ Day _____ Year _____

Social Security Number: _____ - _____ - _____

Last high school attended: _____

Address of high school: _____

Did student graduate? () Yes () No Year of graduation: _____

I hereby authorize release of my official transcripts as part of the admissions process, to:

**Keweenaw Bay Ojibwa Community College
PO Box 519
Baraga, MI 49908**

Signature

Date