*****Please save	document to	vour com	nuter and	then en	nail to i	nking@nolk	edu****
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## Chain of Lakes Collegiate High School Transcript Request

Date:	
Name of Student:	High School ID#
Please provide name and State of College mailed to. List as many as needed.	you are requesting your transcript to be
Name of College, University:	
Office Use Only	
Paula King – Program Assistant	Date Sent/ Electronic or Mailed