



Keweenaw Bay Ojibwa Community College

"Catch Your Dream Through A Superior Education"

OFFICIAL TRANSCRIPT RELEASE FORM

Today's Date: ____ / ____ / ____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthdate: ____ / ____ / ____ Last 6 Digits of SSN: XXX-____-____

Approximate Dates of Attendance: _____ to _____

Release my official KBOCC transcripts to the following institution/organization:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that my official transcript will not be released if any financial obligations to Keweenaw Bay Ojibwa Community College have not been satisfied.

Student Signature

Date