



CHIEF DULL KNIFE COLLEGE OFFICIAL TRANSCRIPT REQUEST



Name:	I.D:
Current Address:	DOB:
Phone Number:	Year attended CDKC:

Request Information: Pick Up Mail No. of copies _____

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Signature: _____ **Amount Paid:** _____

Please send your money order to:

Chief Dull Knife College
 Attn: Register office
 PO Box 98
 Lame Deer, MT 59043

Transcripts must be paid in advance and cleared by the business office, copies are 2.00 per copy. All request will be mailed via US Postal Service to the address mentioned above.

Date Receive Request: _____ by: _____

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