



**LITTLE BIG HORN COLLEGE**  
 P.O. Box 370  
 8645 South Weaver Drive  
 Crow Agency, MT 59022  
 Phone: (406) 638-3116 or (406) 638-3173

**OFFICIAL HIGH SCHOOL TRANSCRIPT REQUEST FORM**

Last Name:	First Name:	Middle:
Maiden Name:	Other names records may be under:	
Social Security Number:	Date of Birth:	

Name and Address of High School:			
Street Address:	City:	State:	Zip:
Enrollment Dates From:		to:	Graduation Date:

**Signature of Student:** \_\_\_\_\_

**\*SCHOOL OFFICIAL:** Please attach copy of this form to the transcript and mail to:

Little Big Horn College  
 Admissions Office  
 P.O. Box 370  
 8648 South Weaver Drive  
 Crow Agency, MT 59022