

DULUTH BUSINESS UNIVERSITY
Transcript Request

Last Name	First	Initial	Maiden
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Name used while attending school	Dates Attended
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Address	Street	City	State	Zip
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Phone	Social Security Number
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Date Requested	Date Sent	Fee
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Please enclose a \$5.00 processing fee and mail to:

DBU
REGISTRAR
4724 MIKE COLALILLO DRIVE
DULUTH MN 55807