LITTLE BIG HORN COLLEGE

Debt Forgiveness Request Form



Name:	
Date of Birth:	Student ID#
Last date (or year) attending LBHC:	
Signature:	Date:
**NOTE: Diploma Requests may ta	ake up to two weeks to process.

Please fill out this form and email or deliver to any of the following LBHC Employees:

Aldean Good Luck at goodluckav@lbhc.edu

Patricia Whiteman at whitemanp@lbhc.edu

Melodee Reed at mreed@lbhc.edu

OFFICE USE ONLY		
Date entered:	Employee:	