

**SITTING BULL COLLEGE**  
**REQUEST FOR OFFICIAL HIGH SCHOOL TRANSCRIPT**

**COMPLETE ONLY IF YOU GRADUATED FROM HIGH SCHOOL**

Name of High School You Graduated From:

\_\_\_\_\_

Mailing Address of High School:

\_\_\_\_\_

\_\_\_\_\_

Your Current Name:

\_\_\_\_\_

Your Name at Time of Graduation:

\_\_\_\_\_

Month/Year You Graduated From High School:

\_\_\_\_\_

Your Date of Birth:

\_\_\_\_\_

Your Contact Information:

Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

If there is a fee for the transcript please contact me at the above number or email address.

Please **mail** an official transcript to:

Office of Registrar  
Sitting Bull College  
9299 Hwy 24  
Fort Yates ND 58538  
(701) 854-8020

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE