

TRANSCRIPT REQUEST FORM

Revised: May16, 2017

SITTING BULL COLLEGE
OFFICE OF REGISTRAR
9299 HWY 24
FORT YATES ND 58538
701.854.8020

PLEASE PRINT CLEARLY

Your Name: _____
Last First Middle Initial

Other Names Used: _____

Address: _____
Street/PO Box/Route City State Zip Code

Student ID #: _____ Date of Birth: _____ Telephone Number: _____
(optional)

***Students who attended prior to 1984 need to contact the Registrar at the number above before submitting request.**

TRANSCRIPT FEE IS \$5.00 PER OFFICIAL TRANSCRIPT—NO COST FOR UNOFFICIAL: A transcript *will not be released* if all financial obligations to the college have not been met and/or a hold was placed on your account for other reasons

Sitting Bull College accepts cash, money orders, Visa, and Master Card. If you are paying by credit card, please fax this request to 701.854.2345 and call 701.854.8085 to make payment. Processing a transcript may take 2-5 working days.

- | | |
|--|---|
| <input type="checkbox"/> Number of official transcripts needed | <input type="checkbox"/> Send transcripts now |
| <input type="checkbox"/> Number of unofficial transcripts needed | <input type="checkbox"/> Send transcripts after current grades are posted |
| <input type="checkbox"/> Please send to organization(s) listed below | <input type="checkbox"/> I will pick up transcripts |
| <input type="checkbox"/> Please mail transcript(s) to me | |

RECIPIENT INFORMATION: You are responsible for providing the complete address of the organization to receive your transcript. If you do not provide the address, the transcript will be mailed to you at the address above. You will then be responsible to mail it to the organization.

_____	_____
_____	_____
_____	_____
_____	_____

My family member/relative/friend _____ has permission to pick up the above transcript(s) for me.
Name of Person

Signature Required

Date

BUSINESS OFFICE ONLY

REGISTRAR ONLY

Approved to release transcript: _____ Yes _____ No
Number of transcripts paid for: _____
Comment: _____ _____
Signature of Business Office Personnel _____ Date _____

DATE TRANSCRIPT MAILED: ____/____/____ Registrar's Initial _____
DATE TRANSCRIPT PICKED UP: ____/____/____ Initial of student or authorized person listed above.