

# TRANSCRIPT REQUEST FORM

Revised: May 18, 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"/> I will pick up transcripts              | <input type="checkbox"/> Please mail transcript(s) to me                  |

Please send to organization(s) listed below

**You must include the full address of the recipient.**

_____	_____
_____	_____
_____	_____
_____	_____

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.