

# TRANSCRIPT REQUEST FORM

Revised: June 12, 2018

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"/> Official transcripts will not be faxed or emailed | <input type="checkbox"/> Send transcripts after current grades are posted |
| <input type="checkbox"/> Number of unofficial transcripts needed           | <input type="checkbox"/> Please mail transcript(s) to me                  |
|  | <input type="checkbox"/> I will pick up transcripts                       |

Please send to organization(s) listed below

**You must include the complete address of the recipient. If there is no complete address, the transcript will be mailed to you.**

_____	_____
_____	_____
_____	_____
_____	_____

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

Approved to release transcript: \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of transcripts paid for: \_\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

Signature of Business Office Personnel

Date

### REGISTRAR

DATE TRANSCRIPT MAILED:

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Registrar's Initial

DATE TRANSCRIPT PICKED UP:

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Initial of student or  
Person given permission  
to pick up transcript.