

# TRANSCRIPT REQUEST FORM

Revised: April 3, 2019

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 the SBC Finance Office - 701.854.2345 or email to [businessoffice@sittingbull.edu](mailto:businessoffice@sittingbull.edu). To call in a payment, contact either Amber Encalada at 701.854.8085 or Dave Mueller at 701.854.8003. 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.