

Unofficial Transcript Request

Fax or Email

605-688-6384

Mail

511
57007

In Person

1175

Request Details

_____ (photo ID required)

Student Information

FIRST NAME M.I. LAST NAME FORMER/MAIDEN

STREET ADDRESS CIT STATE ZIP

PHONE EMAIL

BIRTH DATE (REQUIRED) STUDENT ID (IF KNOWN)

SEMESTER/YEAR FIRST ENROLLED (REQUIRED) GRADUATION DATE (IF APPLICABLE)

OFFICE USE ONLY

Process Date _____

Initials _____



SOUT