

# Unofficial Transcript Request

## Fax or Email

605-688-6384

## Mail

511

57007

## In Person

1175

## Request Details

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (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)

Signature \_\_\_\_\_

### OFFICE USE ONLY

Process Date \_\_\_\_\_

Initials \_\_\_\_\_



**SOUT**