



**South Dakota State University**  
 Registrar's Office ESC Box 511A Brookings, SD 57007  
 Phone: 605-688-6195 Fax: 605-688-6384



**Official Transcript Request**

Date \_\_\_\_\_

*Please Print Clearly*

Student's Name \_\_\_\_\_  
Last First Middle Former/Maiden

Current Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Student ID (If known) \_\_\_\_\_

Schools Attended & Dates Attended:		
<input type="checkbox"/> Black Hills State University	_____ to _____	
<input type="checkbox"/> Dakota State University	_____ to _____	
<input type="checkbox"/> Northern State University	_____ to _____	
<input type="checkbox"/> SD School of Mines & Tech	_____ to _____	
<input type="checkbox"/> South Dakota State University	_____ to _____	
<input type="checkbox"/> University of South Dakota	_____ to _____	

<p><b>Number of Copies Requested:</b> _____</p> <p><b>Type of Service Required:</b>            *Not available for Hold for Grades or Degrees  <input type="checkbox"/> Regular (\$5.00 for 1<sup>st</sup> copy; \$2.50 for each additional copy)  <input type="checkbox"/> *Same Day ~ <i>Must Be Ordered by 12:00pm</i>            (\$15.00 rush fee each + Regular Cost)  <input type="checkbox"/> FedEx (\$20.00 FedEx fee per location + Regular Cost)  <input type="checkbox"/> *Same Day FedEx ~ <i>Must be Ordered by 12:00pm</i>            (\$15.00 Rush each + \$20.00 FedEx per location + Regular Cost)</p>
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\_\_\_\_ *Please put transcripts in separate sealed envelopes*

\_\_\_\_ **Mail Now** to Address(es) Shown Below (attach additional sheets for additional addresses if needed)

\_\_\_\_ **Pick Up** (Photo ID Required)

\_\_\_\_ **Send Later. Hold for** (check & circle all that apply):

\_\_\_\_ Posting of Grades: Spring Summer Fall

\_\_\_\_ Posting of Degree: Spring Summer Fall

**Send Transcript To:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Send Transcript To:** \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature** \_\_\_\_\_

\*We cannot accept responsibility for non-receipt of transcripts due to incomplete or incorrect addresses.

<b>Payment Method:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card: Visa     MasterCard     Discover  Card #: _____ Exp. Date _____ *If there are any holds on your record, a transcript will not be issued until all holds are cleared.*	<p style="text-align: center;"><b>Office Use Only:</b>          Initials _____</p>
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