

# Unofficial Transcript Request

## Fax or Email

605-688-6384

## Mail

511  
57007

## In Person

1175

## Request Details

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\_\_\_\_\_ (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**