



TRANSCRIPT REQUEST

TO: OFFICE OF REGISTRAR at _____

I attended your school from _____ of 20 _____ to _____ of 20 _____

I have applied to the UNIVERSITY OF SIOUX FALLS for the fall ____/spring ____ semester 20 ____
Enclosed please find \$ _____ for the transcript fee.

Please send an official transcript of my credits to:

Admissions Office
University of Sioux Falls
1101 West 22nd Street
Sioux Falls SD 57105-1699

STUDENT DATA:

NAME _____ SOCIAL SECURITY # _____ - _____ - _____

ADDRESS _____
(street) (city) (state) (zip)

NAME ON TRANSCRIPT (if different from above): _____

(student signature) (date)

*****REGISTRAR'S USE ONLY*****

In the event a transcript cannot be released, please indicate the reason.

(signature) (date)

(title) (school)