

University of Sioux Falls

Office of the Registrar

1101 W 22nd St • Sioux Falls, SD 57105 • (605)331-6650 • Fax: (605)331-6869

Transcript Release Form

Name: _____
Last First Middle (Maiden)

Address: _____
Street Address
City State Zip **Daytime Phone #:** _____

Student ID#: _____ **or Social Security #:** _____

Approximate Dates of Attendance: _____ **to** _____

Send Record to:	_____
(if different than address above)	(Name of Person/Institution)
_____ # of transcripts needed for this address	_____
	Street Address
additional addresses may be included on the back of this form or on a separate sheet	_____
	City State Zip

____ Please include transcripts of coursework before 09/01/1996

- | |
|--|
| <input type="checkbox"/> Prepare transcript(s) now |
| <input type="checkbox"/> Prepare transcript(s) after current term grades can be included |
| <input type="checkbox"/> Prepare transcript(s) after degree/diploma is conferred |

No fee for transcripts

As a service to former and current students, the University of Sioux Falls does not charge for official transcripts.

The Registrar's Office has permission to release my transcript: _____

Signature

USF Transcript Policy

- *All financial obligations to the University must be cleared before transcripts may be released.
- *Requests will be honored as quickly as possible in the order of application. During peak periods such as registration and commencement, transcripts should be requested two weeks in advance.