

# TRANSCRIPT REQUEST FORM

## Office of the Registrar

1101 W 22<sup>nd</sup> Street, Sioux Falls, SD 57105 | Email: [RegistrarWeb@siouxfalls.edu](mailto:RegistrarWeb@siouxfalls.edu)  
Phone: (605)331-6650 | Fax: (605)331-6869 (office)



\_\_\_\_\_  
Last Name First Name Middle Name/Initial Other Name(s)

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Student ID Number or Social Security Number Approximate Dates/Years of Attendance

\_\_\_\_ I completed coursework before 09/01/1996.

\_\_\_\_ I attended Kilian Community College.

### Send Record to:

\_\_\_\_ # of transcripts to  
Be sent to this address

**\*additional addresses may be  
included on the back of this  
form or on a separate sheet**

\_\_\_\_\_  
Name of Person/Institution

\_\_\_\_\_  
Street Address

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

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

\_\_\_\_\_  
Signature (must be written, not typed)

\_\_\_\_ Prepare transcript(s) now

\_\_\_\_ Prepare transcript(s) after current term grades can be included

Term/Course(s) to be included \_\_\_\_\_

\_\_\_\_ Prepare transcript(s) after degree/diploma is conferred

### \*No fee for transcripts when requesting five or fewer at one time

*As a service to former and current students, the University of Sioux Falls does not charge for official paper transcripts.  
If requesting more than five copies at one time, please include \$2 for each transcript over five.*

### University of Sioux Falls 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, teacher certification deadlines, and commencement, transcripts should be requested two weeks in advance.

### For Office Use Only:

Student ID#: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_