

# TRANSCRIPT REQUEST FORM

## Office of the Registrar

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



Street Address  City  State  Zip

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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

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Name of Person/Institution

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

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Street Address

City

State

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Zip

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

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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: \_\_\_\_\_