SITTING BULL COLLEGE
AUTHORIZATION TO RELEASE COLLEGE TRANSCRIPT

Name:_____
Last First MI

Other Name(s)Used:_____

Address:_____
Street/PO Box/Route City State Zip

SSN:__ _____ Date of Birth:_____

Telephone No. (Home):_____ (Work):_____

***<u>A SEPARATE FORM MUST BE COMPLETED FOR EACH COLLEGE ATTENDED</u> ***

NAME AND ADDRESS OF COLLEGE ATTENDED:
(Please note that most colleges charge a fee for an official transcript. You are responsible for the fee and will need to attach to this request, a money order for that fee - made payable to the college you list below.)

_____

_____

_____

_____

I hereby authorize release of an official college transcript to Sitting Bull College. If there is a fee for the cost of a transcript or an outstanding debt with your institution, please contact me at the number or address listed above.

_____ _____
SIGNATURE OF STUDENT DATE

Please send transcript to:

Office of Registrar
Sitting Bull College
9299 Hwy 24
Fort Yates ND 58538
(701) 854-8020