

CEU TRANSCRIPT
REQUEST FORM

Revised: 2016-07-17



SITTING BULL COLLEGE
CE Program
9299 HWY 24
FORT YATES ND 58538
701.854.8000

PLEASE PRINT CLEARLY

Your Name: _____
Last First Middle Initial

Other Names Used: _____

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

Student ID #: _____ Date of Birth: _____ Telephone Number: _____
(optional)

***Students who attended prior to 1984 need to contact the Registrar at the number above before submitting request.**

TRANSCRIPT FEE IS \$5.00 PER TRANSCRIPT: A transcript will not be released if all financial obligations to the college have not been met and/or a hold was placed on your account for other reasons

Sitting Bull College accepts cash, money orders, Visa, and Master Card. If you are paying by credit card, please fax this request to 701.854.2345 and call 701.854.8085 to make payment. Processing a transcript may take 5-10 working days.

- Number of transcripts needed _____
- Please send to organization(s) listed below _____
- Please mail transcript(s) to me _____
- Send transcripts now via email _____
- I will pick up transcripts _____

RECIPIENT INFORMATION: You are now required to list the organization to receive a transcript and the complete mailing address.

_____	_____
_____	_____
_____	_____
_____	_____

My family member/relative/friend _____ has permission to pick up the above transcript(s) for me.
Name of Person

Signature Required **Date**

BUSINESS OFFICE ONLY

Approved to release transcript: ____ Yes ____ No	
Number of transcripts paid for: ____	
Comment: _____ _____	
_____ Signature of Business Office Personnel	_____ Date

CE DIRECTOR ONLY

DATE TRANSCRIPT MAILED: ____/____/____ CE Director's Initial	
DATE TRANSCRIPT PICKED UP: ____/____/____ Initial of student or authorized person listed above.	