



OFFICIAL TRANSCRIPT REQUEST

UNIVERSITY OF
SOUTH DAKOTA

The University of South Dakota, Office of the Registrar
Belbas Center Room 223
414 E. Clark Street, Vermillion, SD 57069-2390
(T) 605-677-5339; (F) 605-677-6753

Current name:

First	Middle	Last
_____ / _____ / _____		

Name(s) used while attending:

First	Middle	Last
_____ / _____ / _____		

Student ID or SSN _____ Birthdate _____ / ____ / ____

Current address: _____

Daytime phone #: _____ / ____ / ____

Email address: _____

I have coursework from other South Dakota state universities:
 Yes No
 Coursework prior to 1988: Yes No

Enrollment status: _____

Highest degree received from USD _____
 First date _____ Last date _____
 enrolled: _____ enrolled: _____

Schools attended & dates of attendance:

	term/year	to	term/year
<input type="checkbox"/> The University of South Dakota	_____	to	_____
<input type="checkbox"/> USD-Springfield	_____	to	_____
<input type="checkbox"/> Black Hills State University	_____	to	_____
<input type="checkbox"/> Dakota State University	_____	to	_____
<input type="checkbox"/> Northern State University	_____	to	_____
<input type="checkbox"/> SD Schools of Mines & Tech.	_____	to	_____
<input type="checkbox"/> South Dakota State University	_____	to	_____

Important Information:

- Transcript fees are due in advance, payable to USD.
- If there are any holds on your record, an official transcript cannot be issued until all holds are cleared.
- Transcripts are mailed to the address(es) exactly as shown. Make sure you print accurate information.
- **If paying by Credit Card, USD will only accept: In-person, faxed or mailed forms**

Emailed credit card information **will not** be processed.

Transcript Fee: \$9.00 for each transcript printed.
We accept the following forms of payment: credit/debit card, cash, or checks made payable to USD.

Quantity	Cost	TOTAL
_____	\$9.00 /transcript	_____
TOTAL AMOUNT OF ORDER:		_____

Name and address where transcript is to be mailed:

Number of copies to this address: _____

Name and address where transcript is to be mailed:

Number of copies to this address: _____

Mail now to address(es) shown above. (Attach additional sheets for additional addresses and **CHECK HERE:**)
 Send later. Hold for (check all that apply):
 Posting of degree (graduation date: _____)

Pick up (photo ID required)
 Posting/change of grade(s) (term/year: _____)

SIGNATURE (required): _____ **DATE** _____ / ____ / ____

Payment method (check one): Cash Check payable to USD MasterCard Visa Discover

Card number: _____ / ____ / ____ / ____ / ____
 Expiration date: ____ / ____ Cardholder name/address: _____