



UNIVERSITY OF
SOUTH DAKOTA

OFFICIAL TRANSCRIPT REQUEST

The University of South Dakota, Office of the Registrar
Belbas Center Room 223
414 E. Clark Street, Vermillion, SD 57069-2390
(T) 605-658-3880; (F) 605-658-3877

Current name:		
First	Middle	Last
/ /		
Name(s) used while attending:		
First	Middle	Last
/ /		
Student ID or SSN		Birthdate
		/ /

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

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	

Current address:
Daytime phone #: / /
Email address: _____

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

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: \$10.00 for each transcript printed.
We accept the following forms of payment: credit/debit card, cash, or checks made payable to USD.

Quantity	Cost	TOTAL
_____	\$10.00 /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: _____

<input type="checkbox"/> Mail now to address(es) shown above. (Attach additional sheets for additional addresses and CHECK HERE: <input type="checkbox"/>)	<input type="checkbox"/> Pick up (photo ID required)
<input type="checkbox"/> Send later. Hold for (check all that apply):	<input type="checkbox"/> Posting/change of grade(s) (term/year: _____)
<input type="checkbox"/> Posting of degree (graduation date: _____)	

SIGNATURE (required): _____	DATE _____ / _____ / _____
------------------------------------	-----------------------------------

Payment method (check one): <input type="checkbox"/> Cash <input type="checkbox"/> Check payable to USD <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover
Card number: _____ / _____ / _____
Expiration date: _____ / _____ Cardholder name/address: _____