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Student Information

FIRST NAME	M.I.	LAST NAME	FORMER/MAIDEN
STREET ADDRESS		CITY	STATE ZIP
PHONE	EMAIL		
BIRTH DATE	STUDENT ID (IF KNOWN)		
SIGNATURE	DATE		

Schools Attended & Dates Attended

- Black Hills State University _____ to _____
- Dakota State University _____ to _____
- Northern State University _____ to _____
- SD School of Mines & Tech _____ to _____
- South Dakota State University _____ to _____
- University of South Dakota _____ to _____

Send Transcript To: (more on reverse side)

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NAME		
ADDRESS		
CITY	STATE	ZIP

Delivery Service Requested

- Regular – \$9 per copy
(Rush delivery not available)

Number of Copies Requested _____

- Put transcripts in separate sealed envelopes**

Hold Preference

- Mail Now**
- Pick Up** (*Photo ID required*)
- Send Later.** Hold for ___ Grades ___ Degree
Circle One: *Spring Summer Fall*

Payment Information

- Cash Check

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(Office use only)



**SOUTH DAKOTA
STATE UNIVERSITY**
Office of the Registrar

Hours: 8 a.m.-5 p.m., Monday-Friday
SDSU.registrar@sdstate.edu | 605-688-6195
sdstate.edu/records-registration
Enrollment Services Center
1175 Medary Ave., Box 511A Brookings, SD 57007

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Signature

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