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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

<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 School of Mines & Tech	_____ to _____
<input type="checkbox"/> South Dakota State University	_____ to _____
<input type="checkbox"/> University of South Dakota	_____ to _____

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ADDRESS		
CITY	STATE	ZIP

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STATE UNIVERSITY**
Office of the Registrar

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