



# Transcript Request Dakota State University

**Send transcript request to:**  
Enrollment Services, Dakota State University  
820 N. Washington Ave., Madison, SD 57042  
Fax: (605) 256-5020

<b>Official Use Only:</b>
Date transcript sent _____
Date transcript picked up _____
Comments: _____

**Transcript fee of \$5.00 for the first official copy and \$2.50 for each additional copy, per request.**

**Please Print**

_____	_____	_____	_____
Last Name	First	Middle	Maiden
_____	_____	_____	_____
Street	City	State	Zip
_____	_____	_____	_____
ID or Social Security No.	Home Phone	Work Phone	

Check schools attended and list dates of attendance:

School	Dates of Attendance
_____ Black Hills State University -	_____
_____ Dakota State University -	_____
_____ South Dakota School of Mines -	_____
_____ Northern State University -	_____
_____ South Dakota State University -	_____
_____ The University of South Dakota -	_____

Are You Currently Enrolled?  Yes  No

Send Now       Send Later (check all that apply)

\_\_\_\_\_ After grades are posted (Term/Year) \_\_\_\_\_

\_\_\_\_\_ Degree Posted (Graduation date) \_\_\_\_\_

\_\_\_\_\_ Change of Grade (specify course) \_\_\_\_\_

Mail official transcript(s) to:

_____	_____
_____	_____
_____	_____

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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Payment must accompany request.**

Total number copies requested: \_\_\_\_\_ Amount Enclosed/Charged \_\_\_\_\_

Payment Information:  
 Personal Check     Cash     Credit Card    (Check one:  MasterCard     VISA     Discover)

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