Si Tanka/Huron University Transcript Request Form

SEND TRANSCRIPT REQUEST TO: NORTHERN STATE UNIVERSITY Registrar's Office 1200 S Jay Street Aberdeen, SD 57401 OR FAX TO: (605) 626-2587

Student Information - Please Print					
Last Name	First Name	Mi	ddle Name	Maiden/Other Name(s)	
Street/PO Address			City	State	Zip Code
Home Phone	Work Phone				Cell Phone
Student ID or SSN	DOB email address (if we need to contact you, we will try email first)				
Please cir	cle schools attended an	d list campus lo	ocation & approxir	nate dates of atter	ndance:
School: SI TANKA UNI Dates:		UNIVERSITY	Campus Locatio	n:	
(All of the ab	ove schools transcripts w	vill be included v	with this request for	one fee per set of t	transcripts)
Send Transcripts to (list additional addresses on back of form)					
Send (# of copies) transcript(s) to:			Send (# of copies) transcript(s) to:		
Name:			Name:		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
STUDENT SIGNATURE					
This request requires your sign	gnature. You must print	this form and si	gn it. You may mail	l or fax it to the add	dress above.
Signature:			Date:		
Payment Information					
Official transcripts are \$9.00 per copy. NSU does not issue unofficial copies of Si Tanka/Huron University transcripts. Payment by cash, check or credit card must be included with this request. Please make checks payable to NSU.					
* If using a credit card for payment, please provide the following information (this portion will be shredded once your card is processed):					
Check one: MasterCa	rd VISA	Discover	American I	Express	
Card Number	-	I	Expiration Date	Secur	rity Code:
Card Holder Name/Address					

^{**}Note: NSU cannot accept credit card information via email.