



northern *State* university

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

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	<i>Maiden/Other Name(s)</i>
<i>Street/PO Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>	
<i>Student ID or SSN</i>	<i>DOB</i>	<i>email address (if we need to contact you, we will try email first)</i>	

If you attended any state school prior to 1988, please circle all schools attended and list approximate dates of attendance:

School: BHSU DSU NSU SDSM&T SDSU USD

Dates: _____

(All of the above schools transcripts will be included with this request for one fee per set of transcripts)

Send Transcripts to (list additional addresses on back of form)

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
City, State, Zip: _____	City, State, Zip: _____
*Number of official copies: _____ Number of unofficial copies: _____	*Number of official copies: _____ Number of unofficial copies: _____
___ <i>Now (list today's date)</i> _____	___ <i>Now (list today's date)</i> _____
___ <i>After grades are posted (term/year)</i> _____	___ <i>After grades are posted (term/year)</i> _____
___ <i>After degree is posted (graduation date)</i> _____	___ <i>After degree is posted (graduation date)</i> _____
___ <i>After grade change (specify course)</i> _____	___ <i>After grade change (specify course)</i> _____

STUDENT SIGNATURE

This request requires your signature. You must print this form and sign it. You may mail or fax it to the address above.

Signature: _____

Payment Information

*Official transcripts are \$9.00 per copy. Unofficial transcripts are issued **only to the student** and are mailed at no charge. You may have a transcript faxed for a \$2.00 fee, but it will not be considered official. 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: _____ MasterCard _____ VISA _____ Discover _____ American Express

Card Number _____ - _____ - _____ Expiration Date _____ Security Code: _____

Card Holder Name/Address _____

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