Si Tanka/Huron University Transcript Request Form

Student Information - Please Print				
Last Name First Name	Middle Name	Maiden/Other Name(s)		
Street/PO Address	City	State	Zip Code	
Home Phone	Work Phone	Cell Phone		
Student ID DOB	email address (if we nee	red to contact you, we will try email first)		
Please circle schools attended and li	st campus location & approxi	mate dates of atte	ndance:	
School: SI TANKA UNIVERSITY HURON UNF Dates: (All of the above schools transcripts will b			transcripts)	
Send Transcripts to (I	ist additional addresses on ba	ck of form)	•	
Send(# of copies) transcript(s) to:	Send	(# of copies)	<pre>transcript(s) to:</pre>	
Name:	Name:			
Address:				
City, State, Zip:		City, State, Zip:		
ST	UDENT SIGNATURE			
This used as a single volume is a strugger Volume strugger this	form and sign it. You may ma	il the form to the av	Idrass above	

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

Signature:		Date:
	Payment Information	

Official transcripts are \$10.00 per copy. NSU does not issue unofficial copies of Si Tanka/Huron University transcripts. Payment by cash, check, or money order must be included with this request. Please make checks payable to NSU. *Do NOT mail cash.

We cannot process forms which have been faxed or emailed to us.

We **canno**t fax or email a transcript.