

SEND TRANSCRIPT REQUEST TO:

NORTHERN STATE UNIVERSITY Registrar's Office 1200 S Jay Street Aberdeen, SD 57401

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 addres.		ddress (if we need to	ess (if we need to contact you, we will try email first)		
If you attended any state s	school prior to 1988, pl	ease circle all so	chools attended and	l list approximat	e dates of attendance	
School: BHSU	DSU	NSU	SDSM&T	SDSU	J USD	
Dates:						
(All of the abov	e schools' transcripts w	ill be included w	vith this request for o	ne fee per set of t	transcripts)	
	Send Transcripts to	(list additiona	l addresses on back	of form)		
Name:		Name:				
Address:						
City, State, Zip:		C	City, State, Zip:			
*Number of official copies:		*Number of official copies:				
Unofficial Copy: Yes No		τ	Unofficial Copy: Yes No			
Now (list today's date)		Now (list today's date)				
After grades are posted (term/year)			After grades are posted (term/year)			
After degree is posted (graduation date)			After degree is posted (graduation date)			
After grade change (specify course)		<u> </u>	After grade change (specify course)			

An unofficial transcript is issued only to the student and is mailed at no charge. One unofficial copy may be requested per semester. Individuals should keep this copy for future obligations.

Each official transcript costs \$10.00, plus sales tax will be applied to your purchase, if applicable. They are, sent by mail only. 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 cannot fax or email a transcript.