

# University of Sioux Falls

## Office of the Registrar

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### Transcript Release Form

**Name:** \_\_\_\_\_  
Last First Middle (Maiden)

**Address:** \_\_\_\_\_  
Street Address  
City State Zip **Daytime Phone #:** \_\_\_\_\_

**Student ID#:** \_\_\_\_\_ **or Social Security #:** \_\_\_\_\_

#### **Send Record to:**

(if different than address above) \_\_\_\_\_  
(Name of Person/Institution)  
\_\_\_\_\_ # of transcripts  
needed for this address  
\_\_\_\_\_ Street Address  
\*additional addresses may be  
included on the back of this  
form or on a separate sheet\*  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

\_\_\_\_ Please include transcripts of coursework before 09/01/1996  
Approximate dates of attendance: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_ Prepare transcript(s) now  
\_\_\_\_ Prepare transcript(s) after current term grades can be included  
\_\_\_\_ Prepare transcript(s) after degree/diploma is conferred

#### **\*No fee for transcripts\***

As a service to former and current students, the University of Sioux Falls does not charge for official transcripts.

The Registrar's Office has permission to release my transcript: \_\_\_\_\_

**Signature**

#### **USF Transcript Policy**

\*All financial obligations to the University must be cleared before transcripts may be released.  
\*Requests will be honored as quickly as possible in the order of application. During peak periods such as registration and commencement, transcripts should be requested two weeks in advance.