SITTING BULL COLLEGE
HIGH SCHOOL TRANSCRIPT REQUEST FORM

COMPLETE ONLY IF YOU GRADUATED FROM HIGH SCHOOL.
If you have a GED, please bring in a copy. If you need to request a duplicate of your GED, see the Registrar and she will assist you.

Name_____
Last First MI
Other Name(s)Used:_____

Address_____
Street/PO Box/Route City State Zip

SSN:_____ Date of Birth:_____

Telephone No. (Home):_____ (Work):_____

Date/Year Graduated From High School: _____

NAME AND ADDRESS OF HIGH SCHOOL YOU <u>GRADUATED</u> FROM:

_____

_____

_____

_____

I hereby authorize release of an official high school transcript to Sitting Bull College. If there is a fee for the cost of a transcript, please contact me at the number or address listed above.

_____ _____
SIGNATURE OF STUDENT DATE

Please send transcript to:

Office of Registrar
Sitting Bull College
9299 Hwy 24
Fort Yates ND 58538
(701) 854-8020