



Official Transcript Request

BHSU Registrar's Office
1200 University St, Unit 9666
Spearfish SD 57799-9666
Fax: 605-642-6022

Student Information

Full Name: _____
Last First M.I.

Address: _____
Street/PO Address

City State ZIP Code

ID Number: _____ Home Phone _____ Cell Phone _____

If you graduated prior to 1988, please list all names that you may have had. Include your date of birth. Check all Regental schools that you have attended and those transcripts will be included with this request.

BHSU DSU NSU SDM&T SDSU USD

Last Name(s): _____ DOB (required) _____

Send Transcript To

Send copy(ies) of my transcript to the below address.

Now End of Term Degree Posted

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Send copy(ies) of my transcript to the below address.

Now End of Term Degree Posted

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Signature

This request requires your signature. You must print this form and sign it and mail to the address above or you can fax it to our office at 605-642-6022.

Signature: _____ Date: _____

Payment Information

The fee is \$9.00 per transcript. We accept Visa, MasterCard, Discover, and American Express credit cards.

In a continued effort to protect credit card numbers, the shaded portion below will be removed and shredded.

Method of Payment Cash Check Visa MasterCard Discover American Express

Number: _____ Expiration Date: _____ CVV: _____