



TRANSCRIPT REQUEST FORM
 Registrar's Office
 490 Piya Wiconi Road
 Kyle, South Dakota 57752-0490
 Telephone: (605)455-6033; Fax: (605)455-2226



Official Transcripts will be issued upon receipt of the NON-REFUNDABLE fee of \$5.00 for the first official copy and \$2.00 for each additional copy, per request, per student, payable to OLC. If you would like your transcripts faxed or emailed, there is an additional fee of \$2.00 each, per transcript, per request, per student. Transcript requests may take 2-3 business days to process, and in order to do so, the student's file must be complete.

Name: _____ Other Names Used: _____ Student ID or SSN: _____

Address: _____
 Street/Apt./P.O. Box City State Zip

Phone Number: _____ Email: _____

Number of Copies: ___ Now After grades are posted After degree is posted

PLEASE MAIL MY OFFICIAL TRANSCRIPTS TO:

1.) Name: _____

2.) Name: _____

Address: _____

Address: _____

PLEASE FAX MY TRANSCRIPTS TO:

Fax Number: _____

Attention: _____

Faxed transcripts are considered unofficial.

PURPOSE OF TRANSCRIPT REQUEST:

- | | |
|---|---|
| <input type="checkbox"/> Higher Education | <input type="checkbox"/> State Certification |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> In-State College |
| <input type="checkbox"/> OLC Personnel | <input type="checkbox"/> Out-of-State College |
| <input type="checkbox"/> Employment | <input type="checkbox"/> OLC Graduate Program |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Other Graduate Program |

PLEASE EMAIL MY TRANSCRIPTS TO:

Email Address: _____

Emailed transcripts are considered unofficial.

PLEASE ALLOW THE FOLLOWING PERSON TO PICK UP MY TRANSCRIPTS:

Name: _____

METHOD OF PAYMENT:

Debit/Credit Card Cash

Staff who received payment: _____

Money Order Check

Amount paid: _____

Card Number: _____ Expiration Date: _____ Billing Zip Code: _____

STUDENT SIGNATURE _____

DATE _____

Must be signed to release.

OFFICE USE ONLY

Processed by: _____ Date: _____ Entered into SIS: _____ Date: _____ Date Transcript Mailed: _____

***NOTICE:** We are not responsible for the United States Postal Service delivery of official transcripts when they leave our office.