



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:

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. This form can not be saved, you must print and sign it. Then either mail this to the above address, or fax 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 Master Card Discover American Express

Number: Expiration Date: CVV: