

## Unofficial Transcript Request

No fee required. Unofficial transcripts are sent only to the current or former student requesting the transcript. One unofficial transcript per student is allowed. 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	
Last Name(s)			Date of Birth (required)		
		Signatur			
This reque	est requires your sigr	nature. You must print this form ar to our office at 605	-	I mail to the address abo	ve or you can fax it

Signature:	Date:	
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