



# TRANSCRIPT REQUEST

1200 W. University Ave., Mitchell, SD 57301-4398  
Phone: (605) 995-2642 Fax: (605) 995-2643  
Email: registrar@dwu.edu

**\$10 Rush Processing Requested**  
(processed in 2 business days)  
 Credit Card#: \_\_\_\_\_  
 CID# (3 digit security code on back): \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
**\*\*No Charge for Regular Processing\*\***

Printed Name _____	Maiden name/other _____
Address _____	Home Phone _____
_____	Cell Phone _____
City _____	Campus ID _____
State & Zip _____	Social Security # _____
Email _____	Birth date _____

Are you a current student? \_\_\_ YES \_\_\_ NO      Last year of attendance at DWU \_\_\_\_\_

Should we hold your transcript to include the current semester's grades? \_\_\_\_\_ YES \_\_\_\_\_ NO

Purpose of release \_\_\_\_\_

Name(s)/Address(es) where to mail (use additional paper if needed; cannot be an email address):

_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
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Number of copies to this address _____	Number of copies to this address _____
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Hand Written Signature \_\_\_\_\_ Date \_\_\_\_\_

**Federal law requires a pen to paper signature.**

*Transcript processing times vary based on the number of requests received daily. Requests will not be processed if there is a Business Office hold.*

## OFFICE USE ONLY

Business Office Approval _____	Date _____
Date sent _____	Initials _____
Date ready pickup _____	Initials _____
Date faxed _____	Initials _____