



Sisseton Wahpeton College
Transcript Request Form
Office of the Registrar
Old Agency Box 689
Sisseton, SD 57262

solvera@swcollege.edu
605-698-3966 ext 1102

For Office Use Only:

Balance Due _____
Payment Received _____
Date Sent _____
Processed by _____

PLEASE READ BELOW:

Official Transcripts: Each student is entitled to one free official transcript. After initial free copy, official transcripts will be \$10.00/per copy request. Official transcripts cannot be processed if there is an outstanding balance on the student's account.

Unofficial Transcripts: Unofficial copies are free to the student. Current students can access unofficial transcripts via the MySWCollege Portal. Unofficial transcripts can be process regardless of student bill.

Payment: Students may pay by mail, over the phone, or in person with cash or card. To pay or check your bill, please contact Student Accounts by phone (605) 742-1116.

Please give at least 24 hours notice for official transcript processing.

Students who attended SWC prior to 2015 may require additional time to process

Any transcripts may be picked up at Registrar's office. Official transcripts will be mailed only. Unofficial transcripts may be emailed.

Name: _____ Former Last Name(s): _____

Student ID: _____ Date of Birth: _____ Social Security Number: _____

Address (city, state, zip): _____

Email: _____ Phone number: _____

Please circle:

Unofficial Transcript

Official Transcript

Unofficial AND Official

Send Immediately

Hold for Final Grades

Hold for Removal of Incompletes

Currently Attending SWC

Not Currently Attending SWC - Year/Term of last attendance: _____

Please select transcript delivery preference (please type/print clearly):

____ **I WILL PICK UP**

____ **PLEASE EMAIL UNOFFICIAL TRANSCRIPT TO:** _____

____ **MAIL OFFICIAL TRANSCRIPT TO:** Please type/print clearly and list complete address.
SWC is not responsible for incomplete or incorrect addresses. Official transcripts cannot be emailed.

Name of Institution/Individual: _____

Street Address: _____

City, State, Zip: _____

Student Signature: _____ **Date:** _____

Digital Signature will be accepted as legal signature