



Sisseton Wahpeton College  
Transcript Request Form  
Office of Records Specialist  
Old Agency Box 689  
Sisseton, SD 57262

**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**