

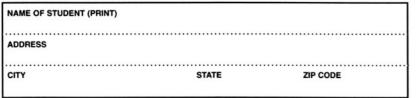
Office of the Registrar 2715 Dickinson Miles City, MT 59301

TRANSCRIPT REQUEST

DATE OF BIRTH	IF NOT CURRENTLY ENROLLED, GIVE LAST
	TERM IN ATTENDANCE
SOCIAL SECURITY NUMBER	NUMBER OF TRANSCRIPTS TO ADDRESS BELOW
STUDENT RECORDS ARE CONFIDENTIAL, AND TRANSCRIPTS ARE SSUED ONLY UPON THE WRITTEN REQUEST OF THE STUDENT.	CHECK ONE OF THE FOLLOWING: TO BE MAILED IMMEDIATELY HOLD FOR CURRENT SEMESTER GRADES
STUDENT SIGNATURE	☐ HOLD UNTIL DEGREE IS RECORDED

NAME ATTENDING UNDER IF DIFFERENT THAN BELOW

MAIL TRANSCRIPT TO:



A FEE OF \$3.00 IS CHARGED FOR EACH TRANSCRIPT. TRANSCRIPT WILL NOT BE SENT UNTIL FEE IS PAID.

NAME OF INSTITUTION (PRINT)

ADDRESS

ATTN: NAME OF PERSON OR DEPARTMENT

CITY STATE ZIP CODE

THE ATTACHED INFORMATION HAS BEEN FORWARDED TO YOU AT THE REQUEST OF THE STUDENT WITH THE UNDERSTANDING THAT IT WILL NOT BE RELEASED TO OTHER PARTIES. THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974. AS AMENDED, PROHBITS RELEASE OF THIS INFORMATION WITHOUT THE STUDENTS WRITTEN CONSENT PLEASE RETURN THIS MATERIAL TO US IF YOU ARE UNABLE TO COMPLY WITH THIS CONDITION OF RELEASE.