

Past Graduates and Students of the South Dakota School for the Deaf:

Former high school students must complete this form and either mail it to:

SDSD Attn: Business Office 2001 E 8th St Sioux Falls, SD 57103

Or stop in at the above address and drop the form off. There is a charge of \$5 for each transcript which must be paid either in cash or check before the transcript will be mailed. Please make the check payable to the School for the Deaf.

REQUEST FOR OFFICIAL TRANSCRIPT SCHOOL FOR THE DEAF GRADUATE OR PAST STUDENT

Name of student (print): _____

Maiden Name (If applicable): _____

Phone: _____

Birthdate: _____ Year graduated: _____

High school last attended: _____

Signature: _____

Date: _____

Mail transcript to: _____

(please print) _____

