

Past Graduates and Students of the Sioux Falls School District:

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

Sioux Falls School District
Attn: Student Records
1101 N Western Ave.
Sioux Falls, SD 57104

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 Sioux Falls School District.

REQUEST FOR OFFICIAL TRANSCRIPT
SIOUX FALLS SCHOOL DISTRICT 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)

