



Office of the Registrar
Nueta Hidatsa Sahnish College
PO Box 490/220 College Drive
New Town, ND 58763
Phone: 701-627-8047
Fax: 701.627.4790 registrar@nhsc.edu

TRANSCRIPT REQUEST FORM

Student Name: _____ Student ID: _____
Former Name: _____ Date of Birth: _____
SSN: _____ Home Phone #: _____ Cell Phone #: _____ Date: _____
Current Mailing Address: _____
Current Students Email: _____ Are you currently enrolled at NHSC? Yes No
Date of Last Attendance: Year: _____ Date: _____ Major: _____
Date of Graduation: Year: _____ Date: _____ Major: _____

**** Your account must be cleared of all holds before a transcript can be issued. For information on clearing billing holds contact Student Accounts: (701) 627-8067**

Complete address to which your transcript (s) will be mailed. Our office does not provide addresses:

****Please allow 4-5 business days to Process****

_____	_____
_____	_____
_____	_____

The Purpose of sending this transcript: Transfer Scholarship Self

PROCESSING INSTRUCTIONS:

Process Immediately
 Hold for current semester grade to be posted. Term/Session: _____
 Hold for current semester Degree to be posted. Term/Session: _____

We do not produce unofficial transcripts. You may view your completed grade report by logging into mynhsc.edu

(DATE)

(Signature of Student)

****ORIGINAL DOCUMENT MUST BE SENT TO THE REGISTRAR'S OFFICE****

Registrar's Use Only

Date of institutional Transcript Sent out: _____ Signature: _____