



**UNITED TRIBES<sup>®</sup>  
TECHNICAL COLLEGE**

## REGISTRAR'S OFFICE

3315 University Drive  
Bismarck, North Dakota 58504  
Phone: 701.221.1850  
Fax: 701.530.0636 | transcripts@uttc.edu

# Transcript Request Form

*Official transcripts will not be issued if you have a hold with the college. Balances with the Students Accounts Office must be paid in full.  
Please allow up to five (5) business days for transcript requests to be completed. For immediate need, please visit the National Student Clearinghouse website  
(<https://tsorder.studentclearinghouse.org>).*

COST: Free

PRIVACY: Student records are confidential, and transcripts are issued only at the written request of the student. **Telephone requests are not accepted.**

TRANSCRIPTS FROM OTHER SCHOOLS: UTTC is unable to release transcripts received from other colleges or universities. Additional copies must be obtained directly from the issuing institution.

TRANSCRIPTS ISSUED TO STUDENT: A transcript is a complete copy of the student's academic record. Official transcripts bear the College seal and the signature of the Registrar. If a transcript is sent directly to a student, the words "Issued to Student" will appear on the transcript.

### STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 digits SSN# \_\_\_\_\_

Maiden/Other Name: \_\_\_\_\_ Last Attended (year/term): \_\_\_\_\_

#### Type of Transcript:

Official Transcript  Un-Official Transcript

Quantity: \_\_\_\_\_

#### Purpose of Request:

Employment  Transferring  
 Scholarship  Other \_\_\_\_\_

X \_\_\_\_\_

**STUDENT SIGNATURE** **DATE**

*This signature is **required** to authorize the release of your transcript to the parties listed on the right. Computer-generated signatures are not valid.*

#### Return this completed form to:

Registrar's Office  
United Tribes Technical College  
3315 University Drive  
Bismarck, ND 58504

REVISED 05-2019 APR-REGISTRAR/JJH-ACADAFF

#### MAIL TRANSCRIPT(S) TO:

1.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### REGISTRAR'S OFFICE:

Date Received \_\_\_\_\_  
Student Accounts Hold:  Yes  No  
Date Sent \_\_\_\_\_