



UNITED TRIBES
TECHNICAL COLLEGE

OFFICE OF THE REGISTRAR

3315 University Drive
Bismarck, North Dakota 58504
701.255.3285 ext. 1101
registrar@uttc.edu
Fax: 701-530-0636

Transcript Request Form

NAME _____ ID # _____

ADDRESS _____

PHONE _____ DOB OR SSN# _____

MAIDEN/OTHER NAME _____

LAST YEAR/TERM ATTENDED _____

*There is a \$2.00 charge for each transcript.
Fee can be paid at the Finance office in building 9 or calling ext. 1423 to pay over the phone.
Requested transcripts are prepared and sent out on Fridays.
Any request from a student who is in debt to the institution will not be honored
until the balance has been paid in full with the Student Accounts office.*

How Many: _____ Official transcripts _____ Un-official transcripts

Reason for request: _____ Employment _____ Transferring _____ Scholarship _____ Other

SEND TO:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature: _____ Date: _____

REGISTRAR OFFICE:

Date Received _____

Student Accounts Hold: Yes _____ No _____

Fee Paid _____ Receipt # _____

Date Sent _____