



Salish Kootenai College

Enrollment Services
Box 70
Pablo, Montana 59855
(406) 275-4800



Transcript Request Form

Name: _____
Last First Middle

Telephone: _____ Other Names Used: _____

Birthdate: _____ Last four digits Social Security Number: _____

Current Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Fees:

\$3.00 Processing fee for each transcript

\$2.00 Rush fee

(in addition to the processing fee(s) for each transcript if you prefer same day processing--excluding Tuesdays & Thursdays)

\$0.00 First transcript This is my first request _____

Number Of Copies:

_____ Official _____ Unofficial _____ emailed

Send Transcript To:

_____ Mail to address below _____ I Will Pick Up _____ Email to address below _____ Home

Company: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Emailed transcripts are considered unofficial to most institutions. It is your responsibility to see if they will accept an emailed transcript. SKC does not use encrypted transcript delivery.

Prepare Transcript: _____ Now _____ After Quarter Grades Are Posted _____ After Degree Is Posted

Student Signature: _____ Date: _____

Debt & all other obligations to SKC must be received before a transcript is released. Transcript fees are paid to the Business Office by calling with credit card information to 406-275-4800. If paying with credit card, return this form in person, by email to chelsea_arlee@skc.edu, or by fax at 406-275-4801. If you prefer, you may mail a check/money order with this request form to the address listed above. Transcripts are printed every Tuesday & Thursday & can be picked up after 3 pm on these designated days. Transcripts may take longer to process during class registration week.

For Office Use Only: Completed By _____ Date: _____