



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: _____

Reason for transcript: _____

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

Send Transcript To:

_____ I Will Pick Up

_____ My Home

_____ Email to this 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, saf-script or Clearinghouse.

_____ Mail to this Company address

Company: _____ Attn: _____

Address: _____

City: _____ State: _____ Zip: _____

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 amanda_berens@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: _____