

**Former Sioux Valley Students**

Transcripts can be obtained by going to the Business Office and filling out a transcript request form or by mailing or faxing this form to the address/fax number below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name (If applicable) \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name and Address of Institution where transcript should be sent:

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

Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

**\*\*\*Please allow 2 working days for transcript to be processed.\*\*\***

Mail or fax to:

Sioux Valley School  
Attn: Transcript Request  
PO Box 278  
Volga, SD 57071  
Fax: 605-627-5291