



PRIVATE POSTSECONDARY TRANSCRIPT REQUEST

Department for Career and Technical Education

SFN 54008 (2/25)

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Email CTE@nd.gov

[In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Sec. 3402. The individual's social security number will be used as a transcript identification number.]

Student's Name		E-mail Address
Work Number	Home Number	Social Security Number
Student's Name(s) while attending School/Institution		
Name of School/Institution	Dates Attended	Program of Study
Address to Mail Transcript (Name, Street/PO Box, City, State, Zip Code)		

With my signature, I hereby authorize the Department of Career and Technical Education to mail my transcript to the entity listed above.

Signature of Applicant

Date

STATE USE

☐ FND ☐ NFND

Correspondence Date: _____