



**PRIVATE POSTSECONDARY TRANSCRIPT REQUEST**  
DEPARTMENT OF CAREER AND TECHNICAL EDUCATION  
SFN 54008 (12/17)

State Capitol 15<sup>th</sup> Floor  
600 East Boulevard Ave Dept 270  
Bismarck ND 58505-0610  
Phone 701-328-3180  
E-mail cte@nd.gov

Student's Name		E-mail Address
Work Number	Home Number	Social Security Number (Last 4 digits)
Student's Name(s) while attending School/Institution		
Name of School/Institution	Dates Attended	Program of Study
Mail Transcript to (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
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**STATE USE**

<input type="checkbox"/> FND <input type="checkbox"/> NFND	Correspondence Date
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The Department of Career and Technical Education does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.