



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

State Capitol 15th Floor
600 East Boulevard Ave Dept 270
Bismarck ND 58505-0610
Phone 701-328-3180
Fax 701-328-1255

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.