

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