



BISMARCK
STATE COLLEGE
GERTA REQUEST

I, _____, authorize Bismarck State College to send my completed
(Print Name)

GERTA form to _____
(Name of North Dakota University System Institution)

DELIVERY OPTIONS: (Please check appropriate box)

- After Degree is posted Before Degree is posted
 After Grades are posted Before Grades are posted

SEMESTER: (Please circle appropriate term and indicate year)

Fall Summer Spring Year _____

EMPLID# __W_____ DATE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____ EMAIL ADDR _____

SIGNATURE _____

Please mail or fax this form to:
Bismarck State College, Academic Records
PO BOX 5587, Bismarck, ND 58506
Phone: (701)224-5420 Fax: (701)224-5643