REQUEST FOR FINAL TRANSCRIPT

Date Requested _____ Student's Name (Please print) _____ Student ID # _____

Please send my transcript to: _____
Print Name of Institution

The address of the Institution is: _____
_____
_____

(This section must be completed if the institution is outside the state of Nebraska or if it is a Community College outside of Lincoln. IF this section is not completed your request cannot be processed).

Your final transcript will be mailed to the above address when available.

Your signature on this form allows information contained in the school's files and records to be released to Post-High School Educational Institutions or employers who may be requesting it.

Parent/Guardian Signature (if under 18) _____ Student's Signature (if over 18 or graduated) _____

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