REQUEST FOR TRANSCRIPT

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

Please copy my transcript for: _____
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).

You may pick up the transcript in a sealed envelope from the registrar 24 hours after the request has been made. You are responsible for mailing the transcript.

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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