

N AUTHORIZATION FOR RELEASE

University of Nebraska - Lincoln
Office of the University Registrar
107 Canfield Administration Building
Lincoln, NE 68588

PHONE: 402.472.3635 | FAX: 402.472.8220 | EMAIL: REGISTRAR@UNL.EDU

PRINT CLEARLY:

Student NUID or SSN Student's Email Student's Phone () -

Student's Full Name
I,

authorize the Office of the University Registrar to release my:

(Check all that apply)

GPA Class Standing / /

Class Rank Expected Date of Graduation / /

Full/Part Time Status Other

Number of Credit Hours

TO BE SENT VIA:

Mail: Name of person or organization

Address Line 1

Address Line 2

City State Zip

Email:

Fax:

In-person pickup: Full name of individual. Must present a valid photo ID at time of pickup.

STUDENT SIGNATURE

Student Signature / /
Date

N It is the policy of the University of Nebraska-Lincoln not to discriminate based upon age, race, ethnicity, color, national origin, gender, sex, pregnancy, disability, sexual orientation, genetic information, veteran's status, marital status, religion or political affiliation.

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