



REQUEST FOR OFFICIAL TRANSCRIPTS

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

Please note: Transcripts will NOT be issued if a financial hold exists. Transcripts cannot be released without the student's handwritten signature. Email and Phone requests are not accepted. Please fax, mail, or deliver in person. See registrar.unl.edu/ordering-transcripts for more information.

PLEASE PRINT CLEARLY:

Last Name	First Name	Middle Name	Previous/Maiden Name(s)	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUID or SSN	Email Address	If you are not currently enrolled, approximately what year did you last attend? <i>(Leave blank if currently enrolled)</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

PROCESSING INSTRUCTIONS

Choose from the following:

Process now (transcripts are generally processed within 1-2 business days)

Wait for grades to be posted: Term/Session

Wait for my degree to be posted: May August December

Wait for my grade change or Removal of Incomplete: Course

Wait for undergraduate course repeat GPA Calculation: Course

Special Instructions:

FOR OFFICE USE ONLY

Existing Hold(s): Y / N

FERPA: Y / N

Received By: _____

Entered By: _____

RELEASE TRANSCRIPT(S):

To me - Number of copies: *(please choose a delivery option from the following):*

I will pick up in 107 Canfield Administration Building *(must present photo ID, i.e. NCard, Driver's License, Passport)*

I authorize to pick up my transcript on my behalf. *(must present their photo ID)*

Mail to my current address listed above.

Are separate sealed envelopes needed? Yes No

And/or mail to the following complete address(es) below. *(Please include institution, agency or business name. No abbreviations)*

Number of Copies:

To:

Number of Copies:

To:

Number of Copies:

To:

Number of Copies:

To:

SIGNATURE

Student Handwritten Signature _____

Date (mm/dd/yyyy)



PHONE: 402.472.3635 | FAX: 402.472.8220

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.