REQUEST FOR
OFFICIAL TRANSCRIPTS

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

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.

PLEASE PRINT CLEARLY:

Last Name | First Name | Middle Name | Previous/Maiden Name(s) | Date of Birth (mm/dd/yyyy)

Current Address | City | State | Zip | Phone Number

NUID or SSN | Email Address | If you are not currently enrolled, approximately what year did you last attend? (Leave blank if currently enrolled)

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:

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 Handwriten Signature: ____________________________ Date (mm/dd/yyyy): / / /