



College of Law - REQUEST FOR OFFICIAL TRANSCRIPTS

University of Nebraska—Lincoln | Office of the University Registrar, Transcripts | Husker Hub, 102 Canfield Admin Bldg., P.O. Box 880416, 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. Phone requests are not accepted. Please fax, mail, or email to registrar@unl.edu. 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"/>) - <input type="text"/>
NUID or SSN	Email Address	If you are not currently enrolled, approximately what year did you last attend? (Leave blank if currently enrolled)		
<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: **May** **August** **December**
- Wait for my degree to be posted: **May** **August** **December**
- Expedited through FedEx (Please include card information or FedEx Account number. Note that all charges are handled through FedEx and not through this office, Contact FedEx directly for cost estimates.)

Other 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):
 - Mail to my current address listed above.
 - Are separate sealed envelopes needed? **Yes** **No**
 - And/or mail to the following complete address(es) below. (Must be a physical mailing address, not an email address. 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: 402-472-2030 | FAX: 402-472-0736

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