



Registrar's Office  
12550 S 114<sup>th</sup> St  
Papillion, NE 68046

Tel : (402) 935-9400  
Fax : (402) 935-9500

**Transcript Request Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Final Year of Enrollment: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I hereby authorize Nebraska Christian College to release a copy of my transcripts to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

Please circle (see NOTE below):

Official Transcript

Unofficial Transcript

**NOTE:**

1. Transcripts will not be issued for accounts having outstanding balance.
2. First Official Transcript is free, additional copies are \$10 each.
3. Official Transcripts are **only** sent to institutions.
4. Unofficial Transcripts are sent to individuals
5. Please mail or fax your request for transcript to the address or fax number above.

<b>OFFICE USE ONLY</b>	
Charge For This Request	_____
Payment Received	_____
Date Transcript Sent	_____
Sent By	_____