

## Transcript Request Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Please fill out (**print**) and sign the form below for your transcript to be released as requested. The first copy of your transcript is provided free of charge as are all copies provided to the high school you are currently enrolled in or are seeking to enroll in. Additionally all transcripts requested for the University of Nebraska-Lincoln will be provided at no cost. All duplicate copies beyond this carry a processing fee of \$5.00 each. For records inactive three or more years an automatic \$5.00 processing fee per transcript copy applies. As we are unable to bill for this please provide payment with the request. Payment information can be provided on page 2.

I request my transcript be sent to:

Attention: \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*Please see above for fee information\*\***

Attention: \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please sign below as transcripts will not be sent without the proper signatures.**

Parent/Guardian signature (student is under 18 years of age)

*If signing as a guardian, please make sure that a copy of your guardianship documents are on file with the ISHS.*

\_\_\_\_\_ Date \_\_\_\_\_

Student signature (student is 18 years or older)

\_\_\_\_\_ Date \_\_\_\_\_

Return this form with any necessary payment to:

Transcript Department

UNL Independent Study High School

PO Box 888400

Lincoln NE 68588-8400

You may also fax this form to us at 402-472-1901.

## Payment Information

Please make all checks payable to the University of Nebraska-Lincoln

- I would like to pay by:  Check
- Money Order
- Credit Card (please fill in information below)

### CREDIT CARD

Please Check One

- Visa                       MC                       Amex

**Cardholder's Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

\_\_\_\_\_

**For Student:** \_\_\_\_\_

University policy requires the deposit of your check within two business days of receipt. Your transcript request will be processed in the order in which it is received.