



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 your request. Payment information is provided on page 2.

I request my transcript to be sent to:

Attention _____

School Name _____

Address *(a complete mailing address is required)* _____

City _____

State _____

Zip _____

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

I request my transcript to be sent to:

Attention _____

School Name _____

Address *(a complete mailing address is required)* _____

City _____

State _____

Zip _____

Please sign below as transcripts will not be sent without proper signature.

Parent/Guardian signature *(if 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 *(if student is 18 years or older):*

Date _____

Send completed form with any necessary payment to:
University of Nebraska–Lincoln
Independent Study High School: Transcript Department
900 N 22nd Street
Lincoln NE 68588-8400

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



PAYMENT INFORMATION FOR TRANSCRIPT REQUESTS

I would like to pay by:

Check* Money Order Credit Card (please fill in information below)

**Please make all checks payable to the University of Nebraska–Lincoln*

CREDIT CARD INFORMATION (PLEASE CHECK ONE)

Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Billing Address: _____
Street City State Zip

Daytime Phone: _____

Student Name: _____

Note: 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. Requests may take 7-10 business days to complete.