REQUEST FOR OFFICIAL TRANSCRIPTS

Last Name **First Name** **Middle Name** **Previous/Maiden**

Current Address **City/State** **Zip**

UNMC Student Id/ Social Security Number **Email Address** **Phone**

_____

Signature

Year Last Attended/Graduation Date: _____

Transcript request:
Quantity: _____
Mail to:

_____
_____
_____
_____

Special Instructions: (please check below):
Issued to Student ___ Sealed envelope___
Federal Express ___PO Box Express___ Pick Up ___
Rush___

Transcript request:
Quantity: _____
Mail to:

_____
_____
_____
_____

Special Instructions: (please check below):
Issued to Student ___ Sealed envelope___
Federal Express ___PO Box Express___ Pick Up ___
Rush___

Quantity: _____
Mail to:

_____
_____
_____
_____

Special Instructions: (please check below):
Issued to Student ___ Sealed envelope___
Federal Express ___PO Box Express___ Pick Up ___
Rush___

_____-_____-_____-_____ _____ _____
Credit card **VIN code** **Expiration Date**

Address/Phone (if different from above): _____

Print and mail this form along with payment to:
UNMC Transcript Clerk
984230 Nebraska Medical Center
Omaha, NE 68198-4230 or
Fax: (402) 559-6796