



STUDENT NAME & ADDRESS

Please provide complete address

Maiden or Former Name(s)

Phone Number

Email Address

Birthdate

Nebraska University ID (NUID)

Enrolled in the current term at UNK?

Yes _____ No _____

If no, the last term you were enrolled at UNK/KSC

I authorize the release of my transcript to the above:

Signature _____

TRANSCRIPT REQUEST

Please print this form & mail, fax, or email to:

Office of University Registrar
University of Nebraska at Kearney
2504 9th Ave.

Kearney, NE 68849-1225

Fax: (308) 865-8484

*Email: unkregistrar@unk.edu

Phone: (308) 865-8527

***If sending by email** – please print this form, fill out completely (including signature), scan into a computer & create as an attachment in the email. **DO NOT include your Social Security Number if emailing**

SEND TRANSCRIPT TO:

Please provide complete address, including Individual Title and/or Department

Number of Transcripts Requested

Processing Instructions (Please Check)

- ___ Send Immediately As Is
- ___ Hold Until Current Grades are Recorded
- ___ Send After Degree is Recorded
- ___ Hold for Change of Grade
- ___ Will Pick Up in Registrar’s Office

TRANSCRIPTS ARE PROVIDED FREE OF CHARGE

This order will result in a paper transcript, sent through the US Postal Service. We do not fax or email paper transcripts. See MyBLUE for instructions on requesting an electronic transcript.

We cannot process your request without your hand-written signature.

Date _____