



DUAL ENROLLMENT TRANSCRIPT REQUEST

Date _____ NUID or SSN _____ Birthdate _____

Please Print _____
Last name First Middle Previous/Maiden

Processing Options

Process Now Hold for grades: Term _____

Phone Number _____

Payment Information

There is a **\$3 charge per transcript** for students who have been dual enrolled in one of the last 3 semesters.
 There is a **\$15 charge per transcript** for former students who have not taken classes through UNO within the last 3 semesters.

Delivery Options

Paper transcript **mailed** to the address(es) below
(Please include institution, agency, or business name and complete mailing address)

Electronic Transcript **(Include email address)**

Paper Transcript **(Front Counter Pickup-EAB 105)**

*Limit 5 transcript requests per day

Number of copies _____

To: _____

Number of copies _____

To: _____

Number of copies _____

To: _____

Number of copies _____

To: _____

We **DO NOT FAX** transcripts. Allow up to 3-5 working days for your transcript request to be processed.

Signature _____

Date _____