

DUAL ENROLLMENT TRANSCRIPT REQUEST

Date NUID or SSN		Birthdate	
Please Print	First	Middle	Previous/Maiden
Processing Options	old for grades: Term	Phone Number	
Payment Information			
		been dual enrolled in one of the lo ho have not taken classes through	
Delivery Options Paper transcript mailed to the address(es) below (Please include institution, agency, or business name and complete mailing address) *Limit 5 transcript requests per day		 Electronic Transcript (Include email address) Paper Transcript (Front Counter Pickup-EAB 105) 	
Number of copies		Number of copies	
		To:	
Number of copies To:		Number of copies	
We DO NOT FAX transcripts	s. Allow up to 3-5 working day	s for your transcript request to be	processed.
Signature		Date	

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Office of the University Registrar EAB 105

6001 Dodge Street Omaha, NE 68182 **Fax**: 402.554.2011

Email: unoregistrar@unomaha.edu

