

# TRANSCRIPT REQUEST

**Each Transcript Submittal is \$2.00**

*(Cash, Credit Card, or Money Order)*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name While Attending (Maiden or Other):** \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Graduation / Withdrawal Year** *(Circle One)*: \_\_\_\_\_

**Send transcript (s) to:**

**Name of Institution / Job:** \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of Institution / Job:** \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Mail completed form & fee to:**

Northwest High

Attn: Registrar

8204 Crown Point Ave.

Omaha, NE 68134-1999

Office# 531-299-2740 Fax# 531-299-2779

Office Use Only

Date Completed & Comments:

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