

TRANSCRIPT REQUEST

Each Transcript submittal is \$2.00
(Money Orders or cash only)

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: _____

Name of Institution/Job: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature

Today's Date

Mail completed form & fee to:

Omaha Northwest High Magnet School
Attn: Registrar
8204 Crown Point Ave
Omaha, NE 68134-1999

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

Office Use Only

Date Completed & Comments:
