

# Transcript Request Form

Nebraska Wesleyan University  
Office of Admission

**APPLICANT:** Please provide the information requested below. Send this form with the appropriate fee to the Registrar of the school you attended. The Registrar will send your transcript directly to NWU.

Social Security # (used for ID purposes only): \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_  
Last First Middle

Former Last Name (if different when transcript was printed): \_\_\_\_\_

Dates of Enrollment:

Start Date (month/year): \_\_\_\_\_ End Date (month/year): \_\_\_\_\_

Number of credits taken or degree(s) received: \_\_\_\_\_

I hereby authorize the release of my academic record and related material to Nebraska Wesleyan University Office of Admission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This form may be photocopied if needed by more than one institution.

Please send an official transcript to:  
Nebraska Wesleyan University  
Office of Admission  
5000 Saint Paul Avenue  
Lincoln, NE 68504-2794