



5000 Saint Paul Ave., Lincoln, NE 68504
Fax: 402-465-2565
Email: registrar@nebrwesleyan.edu

Registrar's Office Use Only:

Date received: _____
Processed date/by: _____

STUDENT INFORMATION AND SIGNATURE:

Name: _____ NWU ID or SSN: _____

Previous Last Name(s): _____ Phone: _____ DOB: _____

Signature: _____ Date: _____

(handwritten signature required)

INFORMATION BEING REQUESTED:

___ Unofficial Transcript *(Use Transcript Request form if requesting an official transcript)*

___ Study Abroad Transcript

___ Class Schedule

___ Enrollment Verification

___ Fill out insurance form - please attach to this form

___ Fill out deferment form - please attach to this form

___ Other (please specify): _____

HOW WANT INFORMATION RELEASED:

___ I will pick it up

___ Mail → Name: _____

Address: _____

City, State, Zip: _____

___ Email → Email Address: _____

___ Fax → Attn: _____

Fax Number: _____

___ Please Release to*: → Name: _____

Relationship to Student: _____

* Please note this person must show photo ID to accept your confidential information.