Office of the Registrar **Clarkson College** 101 S 42nd Street Omaha NE 68131-2739

FX 402.552.6165

Email:

Registrar@clarksoncollege.edu



Prepare to be the **best**.

UNOFFICIAL Transcript Request

Lact N	Name, First & Middle:	
		Student ID#:
Stree		City, State, Zip:
Phone	e Number where you can be reached _	Birthdate:
comp are no trans	oleted and submitted by mail, fax, in per ot released for students who have a sto cripts mailed to the student will be ma	_
∐ U	Indergraduate Transcript	Transcript Both
	Date of Last Enrollment:	
end (UNOFFICIAL Transcript(s) to:	
	Pick –Up from Clarkson College Please allow 24 hours processing time	om date received
	Fax	
	Attention:	Fax Number:
	Mail	
То:		To:
		by the Registrar's Office, the unofficial transcript will be mailed or faxed ousiness days during peak times (December-January, April-May, and August).
Sign	ature:	Date: