**Office of the Registrar**

Raker Student Success Center | RSS 166 1300 Nevada State Dr., Bldg E Henderson, NV 89002

Phone: 702-992-2110

**TRANSCRIPT REQUEST FORM**

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| --- |
| This form is intended for official transcript requests only: |
| **Processing Time:** Please allow 3-5 Business days for processing |
| **Pick Up:** Photo identification is required for pick up |
| **Third Party Pick Up:** When a third party or person is picking up transcripts on behalf of the student. The Student must submit a *Release of Academic Information* form. |
| **Fees:** Transcript are $3.00 per copy. Please make Checks payable to “**Board of Regents**”. Checks may take up to 10 – business days to process. Transcript Fees are Non-Refundable. |

|  |  |  |
| --- | --- | --- |
| **1. Student Information** |  |  |
|  |  |  |
| **NSHE ID** |  | **DATE OF BIRTH (MM/DD/YY)** |
| **NAME: FIRST** | **MIDDLE** | **LAST** |
| **OTHER NAME(S) WHILE ATTENDING** |  |  |

|  |  |  |
| --- | --- | --- |
| **SIGNATURE** |  | **DATE** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Transcript Process** | | | | | | | |
| **Processing Method:** | | | | | | | |
| ☐ | **Current** | ☐ | **After Semester Grades** are Posted | ☐ | **After Degree** is posted | | |
|  |  |  |  |  | ☐ | **Spring** |  |
|  |  |  |  |  | ☐ | **Summer** | **Year:** |
|  |  |  |  |  | ☐ | **Fall** |  |

# Delivery Method:

* **NSHE to NSHE Electronic** (Same-Day Processing): **Free**
  + **CSN** - College of Southern Nevada ☐ **UNR** - University of Nevada, Reno
  + **GBC** - Great Basin College ☐ **UNLV** - University of Nevada, Las Vegas
  + **NSU** - Nevada State University ☐ **WNC** - Western Nevada College
  + **TMCC** - Truckee Meadows Community College ☐ **DRI** - Dessert Research Institute
* **Rush** (Same-Day Processing): Additional one-time fee **$2.00**

# Hold for Pick Up

* + **FedEx** (Overnight Dom/Intl.)**:** additional one-time fee **$25.00**

## \*FedEx does not ship to P.O. Boxes\*

**Quantity of Transcripts**

($3.00 Per Copy)**:**

**ZIP:**

**STATE:**

**CITY:**

**ADDRESS LINE 2:**

**ADDRESS LINE 1:**

**NAME:**

# Mail to Recipient:

***Staff Use Only***

**Number of Copies: x $3.00 per copy = + Additional Fees: =**