

**Transcripts for Closed Private Postsecondary Schools in Nebraska Only**  
**WRITTEN CONSENT FOR RELEASE OF EDUCATIONAL TRANSCRIPTS**

Regarding records of \_\_\_\_\_  
(Student name while attending school)

Name of School Attended \_\_\_\_\_

Location of School Attended \_\_\_\_\_

Last Date of Attendance: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the  
(Name of person making this request)

Nebraska Department of Education (NDE) to send an official copy of my transcripts to:

\_\_\_\_\_  
(Name of institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (ST) (Zip)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Phone number

Please include a check or money order for \$10 with this request and mail to:

Transcripts  
PPCS-VE  
NE Dept of Ed  
P.O. Box 94987  
Lincoln, NE 68509-4987