

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: _____ Last 4 of SSN: _____

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 (**made payable to Nebraska Department of Education**)
for \$10 with this request and mail to:

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

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