

## Transcript Release Form

Transcripts will not be released if records are on hold. Requests are processed within one week of receipt, usually within two to three working days. Transcripts released to students are stamped "This transcript issued to the student at his/her request." Transcripts will not be released until processing fee is received. See below for payment information. Please print legibly.

**You may fax this form to 402-481-8621. You may mail this form to Bryan College of Health Sciences, Attn: Records and Registration, 1535 S 52 Street, Lincoln, NE 68506**

Name: \_\_\_\_\_

Soc Sec Number: \_\_\_\_\_

Other last name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Attendance:

Currently enrolled

From \_\_\_\_\_ To \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby request Bryan College of Health Sciences to release the following information from my records:**

Transcripts - **\$5 per copy** waived for current students

Official Copy \_\_\_\_\_  Unofficial Copy \_\_\_\_\_

*Please note: Official Transcripts will be sent via mail, they cannot be picked up.*

Current Student  Former Student

**Please print the specific name, title and address of the person, institution or organization to receive this information.**

**Use a separate form for each addressee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check one:**

Official Transcripts

\_\_\_\_ Send as soon as ready

\_\_\_\_ Send after current term grades post

Unofficial Transcripts

\_\_\_\_ I will pick up when notified

\_\_\_\_ I will pick up after current term grades post

\_\_\_\_ Send as soon as ready

\_\_\_\_ Send after current term grades post

**Transcript fee payment information:**

I am paying with cash and attaching the cash to this form

I am paying with check, making the check payable to *Bryan Medical Center*, and attaching the check to this form

I am paying with a credit card and my credit card information is:

Visa  MasterCard  Discover  Debit Card  Credit Card

Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

My name as it appears on the card: \_\_\_\_\_

Street Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Records and Registration Use Only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Payment Received:  Credit  Cash, Receipt # \_\_\_\_\_  Check # \_\_\_\_\_