



TRANSCRIPT REQUEST

Office of the Registrar
1125 Nevada State Dr.
Henderson, NV 89002
Phone: 702.992.2110

NSHE ID: _____ Phone Number: () _____

Student Legal Name: _____ E-mail: _____
Last First Middle

Student Signature: _____ Date: _____

This form is intended for use by students requesting an official transcript.

- Transcripts are not issued unless all financial obligations to the college are fulfilled
- Photo identification is required with all transcript requests and pick ups
- A separate form is required for each processing time and/or delivery option
- A payment is required prior to transcripts being processed
- Transcript fees are non-refundable

Please choose your processing option below:

- Regular Processing:** \$3 fee per copy Number of copies: _____
 - o 2-3 business days
 - o After **all** current semester grades are posted
 - o After degree is posted (expected graduation date: _____)
 - o After change of grade (specify course: _____)

- Rush Processing:** \$5 fee per copy Number of copies: _____
 - o Same business day

- Delivery Option:**
 - o Pick up at Registrar's Office
 - o FedEx expedited mailing: additional \$25 fee added to regular or rush processing
*Please note, FedEx does not ship to P.O. Boxes
 - o Standard mailing

Send to: _____

- Total Fees:**
o _____ x _____ + _____ = _____
Number of copies Processing Option Optional FedEx Total

OFFICE OF CASHIERS USE ONLY	
Receipt:	_____
Processed by:	_____
Date:	_____

OFFICE OF THE REGISTRAR USE ONLY	
ID Verified by:	_____
Processed by:	_____
Date:	_____