



# TRANSCRIPT REQUEST

**Office of the Registrar**  
Raker Student Success Center | RSS 166  
1300 Nevada State Dr., Bldg E  
Henderson, NV 89002  
Phone: 702-992-2110

NSHE ID: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Student Legal Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Last First Middle

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

**This form is intended for official transcript requests only.**

- Transcripts are **not** issued unless all financial obligations to the college are fulfilled.
- A separate form is required for each processing time and/or delivery option
- A payment is required prior to transcripts being processed, except for electronic transcripts sent to a NSHE institution
- Photo identification is required for pickup of transcripts
- Transcript fees are non-refundable

<b>A. Transcript Order</b>
# _____ copies

<b>B. Processing (Select one)</b>	
<input type="checkbox"/>	Current Transcript: <i>If ordering while class(es) are in progress, courses will appear on the transcript with an IP grade.</i>
<input type="checkbox"/>	After <b>all</b> current semester grades are posted
<input type="checkbox"/>	After degree is posted (expected graduation date: _____)
<input type="checkbox"/>	After change of grade (specify course: _____)

<b>C. Delivery Method (Select one)</b>		
<input type="checkbox"/>	e-Transcripts sent to a NSHE institution	Free
<input type="checkbox"/>	Standard Processing ( 2-3 working days)	\$3.00 per transcript
<input type="checkbox"/>	Rush Processing (same day)	\$5.00 per transcript
<input type="checkbox"/>	Rush Processing via FedEx <i>FedEx does not ship to P.O. Boxes</i>	\$5.00 per transcript + \$25.00 FedEx Fee
<input type="checkbox"/>	International Processing via FedEx <i>FedEx does not ship to P.O. Boxes</i>	\$5.00 per transcript + \$25.00 FedEx Fee

<b>D. Shipping Address (Select one)</b>											
<input type="checkbox"/>	Hold for Pick Up										
<input type="checkbox"/>	<table border="1"> <tr><td>Recipient Name:</td><td>_____</td></tr> <tr><td>Address 1:</td><td>_____</td></tr> <tr><td>Address 2:</td><td>_____</td></tr> <tr><td>City, State, Zip</td><td>_____</td></tr> <tr><td>Phone #:</td><td>_____</td></tr> </table>	Recipient Name:	_____	Address 1:	_____	Address 2:	_____	City, State, Zip	_____	Phone #:	_____
Recipient Name:	_____										
Address 1:	_____										
Address 2:	_____										
City, State, Zip	_____										
Phone #:	_____										

<b>Total Fees (OFFICE USE ONLY)</b>
# of copies _____
Delivery Method _____
FedEx _____
Total _____

<u>OFFICE OF CASHIERS USE ONLY</u>	
Receipt:	_____
Processed by:	_____
Date:	_____

<u>OFFICE OF THE REGISTRAR USE ONLY</u>	
ID Verified by:	_____
Processed by:	_____
Date:	_____