TRANSCRIPT REQUEST FORM
Please print and complete this form in its entirety.

Please deliver this form - either via mail or in person – along with a $10 transcript fee to:
Att: Kim Guyer • Creative Center • 10850 Emmet Street • Omaha, NE 68164

First Name: _________________________________________________________________
Last Name: _________________________________________________________________
Maiden Name: _______________________________________________________________
Home Address: _______________________________________________________________
Home City: ___________________________________________________________________
Home State: ___________________________________________________________________
Home Zip: ____________________________________________________________________
Home Phone: __________________________________________________________________
Mobile Phone: _________________________________________________________________
Home Email: __________________________________________________________________
Year(s) attended: ___________________________________________________________________
Graduation Year: ________________________  □ AOS  □ BFA  □ AGD

Please send an official, signed, and stamped transcript to:
Name: _________________________________________________________________
College/Company: ___________________________________________________________
Address: __________________________________________________________________
City, State, Zip: __________________________________________________________________

Student Signature ____________________________________________________________

Office Use Only:
□ Signature  □ Cash  □ Check #_________ □ Date Sent _________ □ Initials _________