

Office of the Registrar

Clarkson College

101 S 42nd Street

Omaha NE 68131-2739

PH 402.552.3100

FX 402.552.6057

Transcript Request



Prepare to be the best.

**VALID ONLY 1/16/2024 -
1/21/24**

Last Name, First & Middle: _____

Former Name(s): _____ Student ID#: _____

Street Address: _____ City, State, Zip: _____

Phone Number where you can be reached _____ Birthdate: _____

Please send:

☐ Undergraduate Transcript ☐ Graduate Transcript ☐ Both

Date of Last Enrollment: _____

Send Transcript(s) to:

☐ **Pick –Up from Clarkson College** ☐ Official ☐ Unofficial

☐ **Mail** ☐ Official ☐ Unofficial

To: _____

To: _____

Signature: _____ Date: _____

Return Form to:

Registrar@clarksoncollege.edu

Fax: 402-552-6165