



Nebraska Indian Community College

AUTHORIZATION FOR RELEASE OF TRANSCRIPT

Name of Institution (High school, Testing Agency, College, or Tribal Office)

Street or P.O. Box Address

City

State

Zip Code

To release my official transcript/documentation to:

NEBRASKA INDIAN COMMUNITY COLLEGE
Registrar's Office
P.O. Box 428
Macy, NE 68039-0428

Note: The student is responsible for any charges or fees that may apply.

Print name as it appears on transcript: _____

Street or P.O. Box Address: _____

City, State, and Zip Code: _____

Date of Birth: _____ Social Security Number: _____

Date of attendance or graduation: _____

Signature of Authorization

Date

Any costs associated with the release of transcript is the student's responsibility.