

## TRANSCRIPT REQUEST FORM

Please print this form and mail or fax it to :

Elmwood-Murdock Public School

300 Wyoming Street

Murdock, NE 68407

Phone: 402-867-2341

Fax: 402-867-2009

TRANSCRIPT REQUEST- send transcript to:  
(Include Dept. or Individual Title if applicable)

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STUDENT NAME and ADDRESS.  
(Please Print)

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Student Phone No. (\_\_\_\_) \_\_\_\_\_

Date of Request

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No. of Transcripts Requested

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Social Security Number

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Currently Enrolled

Yes \_\_\_ No \_\_\_

Birth Date

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I authorize the release of my transcript to the above:

**Signature** \_\_\_\_\_

**\*Students 18 or older must personally authorize release of their records.**