



C O N C O R D I A U N I V E R S I T Y
N E B R A S K A

COLLEGE TRANSCRIPT REQUEST FORM

Please send one official copy of my college transcript to:

**Concordia University
Admissions Office
800 N. Columbia Avenue
Seward, NE 68434**

Last Name _____

First Name _____ Middle Name _____

Social Security Number _____ - _____ - _____

Address _____

City _____

State _____ Zip _____

Signature _____ Date _____

Please Note: You are responsible to pay any transcript fees requested by your college.