

# Cohort Master's Programs

Transcript Release Form



I (please print), \_\_\_\_\_, a graduate, former or current student of the school(s) listed below request that you mail a copy of my transcript any other pertinent data to Concordia University, Nebraska. I am being considered for admission, and this document is needed for further evaluation of my application.

Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Transcripts are required from your degree-granting institution(s)

College or University Name	Dates Attended (mm/yy to mm/yy)	Degrees Received (eg. B.A., M.A.)	City, State	Student Status
	to			<input type="checkbox"/> Check here if you are a current student of this college or university
	to			<input type="checkbox"/> Check here if you are a current student of this college or university
	to			<input type="checkbox"/> Check here if you are a current student of this college or university
	to			<input type="checkbox"/> Check here if you are a current student of this college or university

Students are responsible for submitting all official transcripts by the specified deadline. This form is a courtesy and may take up to 2-3 weeks to process completely.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please fax or mail the transcript request form to:

Mail: Concordia University, Nebraska  
Admissions  
c/o Kari Harris  
800 N. Columbia Ave.  
Seward, NE 68434

Or fax to: 402-643-6437