

TRANSCRIPT REQUEST
Department of Student Services
Lincoln Public Schools

Name as it appears on your school records _____

Any other name used _____

Date of Birth _____

Last Public School attended in Lincoln _____

Year Graduated _____ OR Last Year Attended _____

Record Requested:

- Permanent Individual Record** — The PIR may be used to show evidence of personal history, schools attended, and test scores. This record is generally used for purposes of identification.
- Cumulative Record** — The Cumulative Record contains classes taken in grades 9-12, grades, grade point average and proof of graduation. This record is used by most institutions of higher learning.

CURRENT INFORMATION:

Name _____

Address _____
City State Zip

Telephone _____

We require an **ENLARGED READABLE PICTURE ID** with this form. Thank you.

YOUR SIGNATURE on this form authorizes Lincoln Public Schools to release your records.

(Signature)

There is no charge for the 1st copy—additional copies are \$1.00 each.

MAIL TRANSCRIPT TO:

(1) _____ (2) _____

If you have questions, call 402-436-1688

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Please find attached the transcript release form that is needed to obtain your transcripts.

If you want to fax your information:

Just print off the attached form, complete it, include your signature and fax it back to: Student Services, Attention: Transcripts. Fax number is 402-436-1686.

Please include an **enlarged** copy of your photo ID. **(An enlarged readable copy of your photo ID is required for release of your records.)**

If you want to e-mail your information:

Print off the attached form, complete it and include **your signature**. Scan the page with **your signature**.

Scan an **enlarged** copy your driver's license and send it all in a reply e-mail attachment. **(An enlarged readable copy of your photo ID is required for release of your records.)**

E-mail to: transcripts@lps.org.

If you want to send your information via U.S. mail:

Print the attached form, complete it, and include your signature. Mail it with an **enlarged** copy of your photo ID and Student Services will send your transcript. **(An enlarged readable copy of your photo ID is required for release of your records.)**

Send your request to:

Lincoln Public Schools
Attention: Student Services, Transcripts
5905 O Street
Lincoln, NE 68510

If you have questions, please call 402-436-1688