



Immunization or Transcript Request

There will be a \$ 3.00 charge per copy for all past graduates/attendees

Name: _____ Birthdate: _____ Date of Graduation: _____

Last name at time of graduation: _____ Phone #: _____

I am needing a copy of my Transcript

I am needing a copy of my Immunization record (Immunizations records are only kept for 3-4 years)

I would like to: Pick up my transcript at the finance office and pay at that time

Pay with a debit/credit card: (Am Ex not accepted) # _____ Exp: _____

CVC# _____ Billing zip code: _____

And mail to: Name of person or college: _____

Address: _____

City: _____ St: _____ Zip: _____

Print off this form and bring into the counseling office or

fax us at (801) 465-6030 or email to: Joanna.hall@nebo.edu or Nichelle.white@nebo.edu.