



## Request for Official Transcript & Certification

**PLEASE NOTE** - Transcripts will not be released if:

1. There is a hold on your student record.
2. There is a pending balance with the Finance Office

**Today's Date:** \_\_\_\_\_

**Program :** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student address:** \_\_\_\_\_

**Last 4 Digits of Soc. Sec. No.:**XXX-XX-\_\_\_\_\_ **Student ID#** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Total Number of Transcripts/Certificates:** \_\_\_\_\_

**This form can be mailed to:**

**Dental Assistant Education Center**

**P.O Box 24453**

**Omaha, Ne. 68124**

If you are requesting transcripts or certificates be sent to business or another institution please print clearly, in the space below, the complete name and address of where you want your transcript(s) sent.

Name:
Address:
City, State, Zip:

You must sign this form before your request may be processed.

**Student Signature:** \_\_\_\_\_

