



NEXus Student Consent to Release Student Transcript

The University of Utah • College of Nursing • 10 South 2000 East • Salt Lake City UT • 84112 • phone 801-581-7729 • fax 801-581-4642

I, _____, hereby authorize the Office of the Registrar at
(Student's Name)

The University of Utah to send my official transcript at the conclusion of my NEXus class to the university listed below.

I understand that this authorization is good for one official copy of my transcript. I understand that the transcript must be sent from The University of Utah, directly to the university listed below. The cost for one official transcript will be covered by The University of Utah – College of Nursing. I further understand that any additional copies I may want for my own personal use must be requested through the Office of the Registrar and I am responsible to pay the published fees.

Authorized Recipient:

University: _____

Address: _____

By checking this box I, _____, have read and understand the terms stated above.

Student's University of Utah ID: _____