

## Transcript Request for NEXus

Date: \_\_\_\_\_

NSHE ID: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name of Home School: \_\_\_\_\_

Address for Home School: \_\_\_\_\_

Special Attention? \_\_\_\_\_

Signature: \_\_\_\_\_

Please email this form to [rosemary.willrich@unlv.edu](mailto:rosemary.willrich@unlv.edu).  
Please note that it may take up to 4 weeks for transcripts  
to be delivered.