



## Transcript Request for NEXus

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

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

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

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

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

Special Attention Of:  
(if applicable) \_\_\_\_\_

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

Submit completed form to Nancy Esposito at  
[nancy.esposito@unlv.edu](mailto:nancy.esposito@unlv.edu).

Please allow up to 4 weeks for transcripts to be delivered.