

Office of the Registrar

Clarkson College
101 S. 42nd Street
Omaha NE 68131-2739

Phone 402-552-3100
Fax 402-552-6057
Registrar@clarksoncollege.edu



**Request for
Information to be Released**

Last Name, First Name: _____ Student ID #: _____
Street Address: _____ City, State, Zip: _____
Phone Number: _____
Program of Study: _____ Term: _____

Directions: Complete form and return to the Registrar’s Office. This request may be submitted by email, mail, fax, or in person. Information is only released upon the student’s **written** request. All holds on a student’s account must be cleared before information can be released. Requested information will not be sent via email.

Release:

Enrollment Verification Letter (Specify Semester) _____ Other: _____

Send Information To:

Will pick-up. Please allow 24 hrs processing time
 Fax
Attention: _____ Fax Number: _____
 Mail. Provide the complete address where the information is to be mailed

Processing Time. Once a request has been received by the Registrar’s Office, the requested information will be mailed or faxed within two business days during non-peak times, 5-7 business days during peak times (December-January, April-May, and July-August).

Student Signature: _____ Date: _____