



University of Colorado at Colorado Springs **Extended Studies**
 PO Box 7150, Colorado Springs, CO 80933-7150 **TRANSCRIPT REQUEST**
 1-800-990-8227, Ext 3376 FAX: (719) 262-3116

NOTE: If you are taking more than one course this semester, you need only fill out one form.

Please complete this form, sign it, and send it to:
 University of Colorado at the address above, ATTN: Transcript Office.

List your most recent class(es): Please hold for these grades.

Course Title	Crse ID/Section #	Dates (Begin-End)	Semester/Year

Student Information:

Name: _____
 Student #/SSN: _____
 Birth Date: ____/____/____
 Daytime Phone: _____
 E-mail: _____
 Address _____

Special Instructions:

____ Number of copies (faxed are limited to 1 copy per request.)

Yes No Separate Envelopes?

Check One Transcript Type:

Regular Processing:

Official Transcript (No Charge)
 7-10 working days delivery

Special Handling: (must be rec'd by 4pm)

- Mailed same working day \$10 (2 copies, same address)
- Mailed next working day \$5 (2 copies, same address)
- Faxed by 11am next working day – **Unofficial Transcript - \$10 (1 copy)**
- Faxed same day **Unofficial Transcript - \$20 (1 copy)**

I am paying by credit card:

Visa MasterCard

No: _____

Expiration Date:

Transcripts cannot be issued if stops exist.
 Transcripts cannot be issued without a signature.

Deliver to:

- Please send a transcript to the address listed below – regular processing. (free)
- Please send an additional copy to my home address, listed above – regular processing. (free)

 City: _____
 State: _____ Zip: _____
 FAX # (if being faxed – see charges)
 (____) _____

Signature: I hereby authorize the release of my transcript, as requested. I acknowledge that the University has no control over receiving faxed transcripts. Therefore, my faxed transcript might be viewed by other than the desired recipient.

Student Signature: _____ **Date:** _____