

**Office of Records/Registration**

Campus Box 167  
P.O. Box 173364  
Denver, Colorado 80217-3364  
Phone: (303) 556-2389  
Fax: (303) 556-4838

**Request for External Transcripts  
(Unofficial Copy)**

Name \_\_\_\_\_

Student Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Admitted To \_\_\_\_\_ (College Program)

Admitted \_\_\_\_\_ Semester \_\_\_\_\_ Year

Name of External Institution(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I wish to pick up. (Pick-ups will be held for thirty days only).

\_\_\_ Please mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that I am requesting a xeroxed copy of the above named transcripts in my file. This UNOFFICIAL copy cannot be used to support an application for admission.**

**I understand that only one copy of each of the transcripts in my file will be issued and that I must submit all future requests for these transcripts to the institutions from which they originate.**

**I understand that external transcript requests may take up to five working days to process.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Transcript not on file* \_\_\_\_\_  
*Will not issue duplicate request* \_\_\_\_\_  
*Request Completed* \_\_\_\_\_  
*Other :* \_\_\_\_\_  
*Prepared by :* \_\_\_\_\_