

# UNIVERSITY OF COLORADO AT DENVER TRANSCRIPT REQUEST FORM

Transcripts cannot be issued if financial holds exist.

Please allow 3-7 working days for transcript processing.

Please print clearly.

\_\_\_\_\_  
Social Security/Student Number

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

\_\_\_\_\_  
First Middle/Former Name

\_\_\_\_\_  
Current Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Birthdate

\_\_\_\_\_  
Last Date of Attendance

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Today's Date

Any transcript received by a student will be stamped "ISSUED TO STUDENT." NOTE: Many institutions do not consider documents stamped "ISSUED TO STUDENT" to be official.

Before you request a transcript, please verify that any expected grade change has been made.

### Options for mailing transcripts:

- Mail as soon as possible.
- Hold and mail after end-of-term grades have been posted for current term.
- Hold and send after degree is recorded for current term.

### Options for picking up "ISSUED TO STUDENT" copies:

- Pick-up (ready for pick-up in 3-7 working days).  
Number of copies \_\_\_\_\_
- Pick-up SAME DAY for \$10 (1 copy only).
- Pick-up NEXT DAY for \$5 (per copy).  
Number of copies \_\_\_\_\_

NOTE: Pick-ups are purged after 30 days.

### Options on facsimile (fax) copies:

- Please fax (3-7 working days).
- Please fax SAME DAY for \$15.
- Please fax NEXT DAY for \$10.

NOTE: Many institutions do not consider facsimile copies to be official.

### Please return this completed form to:

University of Colorado at Denver  
Transcript Office  
Campus Box 167  
P. O. Box 173364  
Denver, CO 80217-3364  
Phone (303) 556-3415  
Fax (303) 556-4829

Please mail transcript to:

\_\_\_\_\_  
Name of Agency/Institution

\_\_\_\_\_  
Department

\_\_\_\_\_  
Attention:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Number of copies

Please fax transcript to:

\_\_\_\_\_  
Name of Agency/Institute

\_\_\_\_\_  
Department

\_\_\_\_\_  
Attention:

\_\_\_\_\_  
Fax Phone Number