

TRANSCRIPT REQUEST FORM

PART I: (Standard Processing takes 7-10 business days. Transcripts are mailed, or held for pick up after processing.)

First Name	Last Name	MI	Student ID Number
Name while enrolled/former/name(s)			Birth date
Current Address		City	State Zip
Phone Number		Email Address	

PART II:

Number of Copies Requested (Up to 5 Copies) _____	<input type="checkbox"/> Attachments (<i>Fax, mail, email or drop-off</i>) <input type="checkbox"/> Signed Envelopes <input type="checkbox"/> Separate Envelopes
Standard Processing: (7 – 10 business days) <input type="checkbox"/> Mail (USPS) (No Charge) <input type="checkbox"/> Unofficial Fax (No Charge) <input type="checkbox"/> Pick Up (No Charge) at <input type="checkbox"/> Denver or <input type="checkbox"/> Anschutz	Expedited Services: (<i>Charges for Expedited Services must be paid in full before transcripts are processed and released</i>) <input type="checkbox"/> Same-day Pick Up (\$10.00) <i>(Not available for Anschutz Medical Campus students)</i> <input type="checkbox"/> Federal Express (No P.O. Boxes) <input type="checkbox"/> Domestic (USA) (\$30.00) <input type="checkbox"/> International (\$85.00)

PART III: DELIVERY INFORMATION

To student – same address as above

(Transcripts "ISSUED TO STUDENT" may not be considered Official by many institutions)

To/Attention			
Address	City	State	Zip
Country (if other than USA)		Apostille Country	
Phone Number		Fax Number	

PART IV: STUDENT AUTHORIZATION

Student Signature	Date
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Important Notes: (1) Your transcript will not be processed if you have overdue financial obligations or any other obligations to the university and/or the information you fill out is incomplete, illegible, or unclear or, this form is not signed. (2) Expedited Transcript requests received after 12:00pm MST for Anschutz Medical Campus and 2:00pm MST for Denver Campus will be processed the next business day. (3) Charges for Expedited Services must be paid in full before transcripts are processed and released.

PART V: PAYMENT INFORMATION

Cash (*pay at Service Center Only*) Check (*attach*) Money Order (*attach*) or

Credit Card (**Denver Campus Only**): Visa Mastercard Discover American Express

Name on Card	Credit Card Number	Expiration Date
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OFFICE USE ONLY: Speed Type 62920048	Amount charged \$ _____	Student ID _____	Date _____
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