



Transcript Request Form

STUDENT INFORMATION

Social Security Number (required) _____
Name _____
Address _____
City _____ State _____ Zip _____

Birthdate _____
Former name used at RRCC _____
Dates of Attendance _____
Phone _____

REQUEST

- Sealed copy
- Hold for current semester's grades.
- Hold until degree is recorded.
- Hold for change of grade/incomplete: Course _____ Term _____
Changed from _____ to _____

Signature _____ Date _____

MAIL TRANSCRIPT TO or FAX TRANSCRIPT TO

Name _____
Organization _____
Address _____
City _____ State _____ Zip _____
Fax Number _____

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NOTES:

- Transcripts will not be provided for students with financial and other obligations to the college.
- Please allow one week for processing.
- Transcripts from high school or other institutions must be requested directly from that institution.
- It is the student's responsibility to confirm receipt of transcripts.
- Charges may be applied for special handling requests.

DIRECT INQUIRIES TO:

Transcripts
Red Rocks Community College
Box 8
13300 W. 6th Avenue
Lakewood, CO 80228-1255

Phone: 303.914.6352
Fax: 303.989.6919