Red Rocks Community College Transcript Request Form

*Send this form to the RRCC Cashiers Office: 13300 West Sixth Avenue, Box 2
Lakewood, CO 80228-1255
Phone: 303-914-6222 / Email: cashiers.office@rrcc.edu / Fax: 303-984-4831
*For questions regarding your transcript, contact Student Records:
Phone: 303-914-6352 Email: transcripts@rrcc.edu

General Information:
● Transcripts will not be provided for students with financial or other obligations to any CCCS (Colorado Community College System) institution.
● Please allow one week for processing.
● Forms that are not filled out in full or filled out incorrectly may result in a delay in processing.

Student Information: (PLEASE PRINT)  * required fields
Student ID number ____________________________ * Birth Date ____________________________
Name ____________________________ Former name used at RRCC ____________________________
Current Address ____________________________ Dates of Attendance ____________________________
City, State, Zip ____________________________ * Phone ____________________________

*Signature ____________________________ Date __________
Physical signature is required on form. We cannot accept an electronic signature.

Special Requirements: _____ Hold for current semester’s grades _____ Hold until degree is recorded
_____ Attachment to be sent with transcript

*Please select the quantity and method of processing. Note – FedEx does not deliver to a PO Box.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Method</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Electronic Transcript (*Student will need to go through Parchment)</td>
<td>$3</td>
</tr>
<tr>
<td></td>
<td>Paper Transcript – Mailed (USPS)</td>
<td>$3</td>
</tr>
<tr>
<td></td>
<td>Paper Transcript – Mailed (International USPS)</td>
<td>$6</td>
</tr>
<tr>
<td></td>
<td>FedEx Overnight</td>
<td>$28</td>
</tr>
<tr>
<td></td>
<td>FedEx Overnight – International</td>
<td>$43</td>
</tr>
<tr>
<td></td>
<td>Paper Transcript – Pickup</td>
<td>$3</td>
</tr>
</tbody>
</table>

Mail or Fax Transcript to:
Organization __________________________________________
Attn: __________________________________________________
Address _______________________________________________
Address _______________________________________________
City, State, Zip _________________________________________
Phone or Fax ___________________________________________

Mail or Fax Transcript to:
Organization __________________________________________
Attn: __________________________________________________
Address _______________________________________________
Address _______________________________________________
City, State, Zip _________________________________________
Phone or Fax ___________________________________________

_____ Check here if additional addresses are attached, on a blank piece of paper.

Payment for Transcripts: Select the method for transcript processing and enter payment information below.
Office Use: Total Charge _______

Number of transcripts _____ = $________ Refer to table above. (Office Use: Delivery Type – Email Fax Mail In-Person) Post to A630

Circle method of payment: Check MasterCard Visa Discover American Express Cash

Credit card number ____________________________ Expiration Date ____________________________

Billing information of the credit card holder:
Name (as it appears on card) ____________________________ Phone ____________________________
Billing Address _____________________________________ City ____________________________ State _______ Zip __________