



Red Rocks Community College Transcript Request Form

***Send this form directly to the RRCC Cashiers Office:** 13300 West Sixth Avenue, Box 2
Lakewood, CO 80228-1255
Fax: 303-984-4831 / Phone: 303-914-6222

General Information:

- Transcripts will not be provided for students with financial or other obligations to any CCCS (Colorado Community College System) institution.
- Please allow at least 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.

Quantity	Method	Charge
	Electronic Transcript (*Student will need to go through Parchment)	\$3
	Paper Transcript – Mailed (USPS)	\$3
	Paper Transcript – Mailed (International USPS)	\$6
	FedEx Overnight	\$28
	FedEx Overnight – International	\$43
	Paper Transcript – Pickup	\$3

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.

Number of transcripts ____ = \$_____ Refer to table above.

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 _____

Office Use: Total Charge _____
 Post to A630