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 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 ____________________________
*Name ____________________________
*Current Address ____________________________
*City, State, Zip ____________________________
*Birth Date ____________
Dates of Attendance ____________
*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>$2</td>
</tr>
<tr>
<td></td>
<td>Paper Transcript – Mailed (USPS)</td>
<td>$4.50</td>
</tr>
<tr>
<td></td>
<td>Paper Transcript – Mailed (International USPS)</td>
<td>$5</td>
</tr>
<tr>
<td></td>
<td>FedEx Overnight</td>
<td>$25</td>
</tr>
<tr>
<td></td>
<td>FedEx Overnight – International</td>
<td>$47.50</td>
</tr>
<tr>
<td></td>
<td>Paper Transcript – Pickup</td>
<td>$4.50</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.

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