



## 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 \_\_\_\_\_ \*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 ( <i>*Student will need to go through Parchment</i> )	\$2
	Paper Transcript – Mailed (USPS)	\$4.50
	Paper Transcript – Mailed (International USPS)	\$5
	FedEx Overnight	\$25
	FedEx Overnight – International	\$47.50
	Paper Transcript – Pickup	\$4.50

**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