



STUDENT TRANSCRIPT REQUEST

Mail Requests to:
 Colorado Department of
 Higher Education
 1600 Broadway, Suite 2200
 Denver, Colorado 80202

To request a transcript, please complete, sign and submit this Student Record Request form to the Department of Higher Education (CDHE). The fee for an official transcript is \$35.00 (*non-refundable*). NOTE: if requesting more than one copy, **an additional \$5.00 fee per copy is required (i.e. two official transcripts = \$40, three = \$45, etc.)**. Please remit payment to "CDHE". The fee for an unofficial transcript is \$15.00 (*non-refundable*). Unofficial transcripts will only be sent electronically or faxed; official transcripts must be sent hard copy. Please submit the form and payment together. Please do not provide your social security number.

Number of Copies # _____ Please check one: Official (\$35) _____ Unofficial (\$15) _____

Student Information (*Please type or print clearly*)

Student's Name (<i>name used when enrolled</i>). Last:		First:	MI:
Date of Birth:			
Current Name Last:		First:	MI:
Current Mailing Address Street:	City:	State:	Zip:
Day time phone number:	Email:	Fax Number (if applicable):	
Student Signature:			

School Information (from which institution are you requesting transcripts?)

School Name:
Dates Attended: (<i>Month/Year</i>)
Program Enrolled:

1st Copy Send Transcript to:

Name and Address (<i>if different from above</i>).			
Mailing Address or Fax Number			
Street:	City:	State:	Zip:

2nd Copy Send Transcript to:

Name and Address (<i>if different from above</i>).			
Mailing Address or Fax Number			
Street:	City:	State:	Zip:

Requested By

Name: (please print)	Date:
Signature:	Check/Money Order No.:

***Any additional instruction Please write on back.**

Contact Information: phone (303) 862-3001