

# TRANSCRIPT REQUEST FORM

## STUDENT INFORMATION

Complete ALL Sections

Please Print

Colorado  
Mountain  
College



### SEND TRANSCRIPT (CHECK ONE)

- Option 1: Now
- Option 2: After all current term's grades are recorded
- Option 3: After graduation statement is recorded
- Option 4: After grades for specific class(es) are recorded (please list)

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (I) \_\_\_\_\_ Student ID/Soc. Sec. # \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Names used at CMC \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Year(s) Attended (ie: 1992-94) \_\_\_\_\_

Email Address \_\_\_\_\_ Campus Location(s)/Site(s) \_\_\_\_\_

Number of Copies to be Sent \_\_\_\_\_

### TYPE(S) OF TRANSCRIPT TO BE SENT:

- Undergraduate (credit)
- Non-credit
- Continuing Education



Student's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Due to the Family Rights and Privacy Act of 1974, student signature is required for the release of transcripts.

#### PLEASE NOTE!

Transcripts will not be issued if you have an outstanding financial obligation to CMC. All official transcripts are issued from the Central Records Office.

Transcript requests MUST bear the student's original signature.

Students may request that transcripts be sent to themselves.

These transcripts will be stamped " Official Transcript - Issued to Student" and may not be accepted as valid by other schools or agencies.

Grades are recorded on the transcript shortly after the completion of the course. You can select to have your transcript sent at the end of the term (Option 2) or after the recording of a specific course(s) (Option 4).

Transcript Fee Information:

\$5.00 for faxed transcripts

\$15.00 for same day rush mail service; \$20.00 for same day rush fax service

Federal Law requires that the student provide a reason for release of this confidential information. (CHECK ONE)

- personal
- employment
- transfer
- other \_\_\_\_\_

MAIL FORM TO:  
 Colorado Mountain College  
 Transcript Department  
 831 Grand Ave.  
 Glenwood Springs, CO 81601  
 970-945-8691  
 Fax: 970-947-8387

#### OFFICE USE ONLY

Financial Clearance  
 Yes \_\_\_ No \_\_\_  
 Charges  
 Amt. Pd. \_\_\_\_\_  
 Transcript Issued  
 Date \_\_\_\_\_  
 Staff \_\_\_\_\_

Send Transcript To:

#### APPLICANT RESPONSIBLE FOR COMPLETE ADDRESS.

Institution \_\_\_\_\_

Attn: Office or Individual \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Institution \_\_\_\_\_

Attn: Office or Individual \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Transcripts to: \_\_\_\_\_

Recipient Name/Institution: \_\_\_\_\_

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Name on credit card: \_\_\_\_\_

Billing address: \_\_\_\_\_