

## TRANSCRIPT REQUEST FORM

Complete this form and send it to the Transcript Office of the college(s) you have attended.  
Include payment for the cost of your transcript if it is required.

<b>To</b> (Name of College): _____ Today's date: _____
Address: _____
City, State, Zip: _____

<b>From</b> (Your Name): _____ Your Student No.: _____
Your Address: _____ Your City, State, Zip: _____

Please send **TWO OFFICIAL** Transcripts to:

**Office of Student Services  
School of Education, Campus Box 249  
University of Colorado at Boulder  
Boulder, CO 80309-0249**

**Your Signature:** \_\_\_\_\_

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