

## Red Rocks Community College Transcript Request Form

\*Send this form to the RRCC Cashiers Office: 13300 West Sixth Avenue, Box 2

Lakewood, CO 80228-1255

Phone: 303-914-6222 / Email: cashiers.office@rrcc.edu / Fax: 303-914-6335

\*For questions regarding your transcript, contact Student Records:

Phone: 303-914-6352 Email: transcripts@rrcc.edu

## **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 Informa	ation: (PLEASE PRINT) * required field	ds
Student ID number		*Birth Date
*Name		Former name used at RRCC
J / / 1 ==		
*Signature _		Date
	Physical signature is required on form. We cannot acco	ept an electronic signature.
	ments: Hold for current semester's grades Attachment to be sent the quantity and method of processing. Note —	with transcript
Quantity	<u> </u>	Charge
Quantity	Electronic Transcript (*Through Parchment Only)	\$3
	Paper Transcript – Mailed (USPS)	\$3
	Paper Transcript – Mailed (International USPS)	\$6
	FedEx Overnight	\$28
	FedEx Overnight – International	\$43
	Paper Transcript – Pickup	\$3
Mail or Fax Tran	script to:	Mail or Fax Transcript to:
Organization		Organization
Attn:		Attn:
Address		Address
Address		Address
City, State, Zip		City, State, Zip
Phone Fax or		Phone or Fax
	Check here if additional addresses ar	
Payment for Tran	scripts: Select the method for transcript process	ing and enter payment information below. Office Use: Total
Number of transcripts	s = \$ Refer to table above.	(Office Use: Delivery Type – Email Fax Mail In-Person) Post to A630
Circle method of pay	ment: Check MasterCard Visa Discover	American Express Cash
Credit card number Expiration Date		
0	of the credit card holder:	Phone
Name (as it appears of Billing Address	on card) City	
	City	Suite Zip