



COLORADO

Department of
Higher Education

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

STUDENT TRANSCRIPT REQUEST

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 \$20.00 (*non-refundable*). NOTE: if requesting more than one copy, **an additional \$5.00 fee per copy is required (i.e. two official transcripts = \$25, three = \$30, etc.)**. Please remit payment to "CDHE".

Please submit the form and payment together. Please do not provide your social security number.

Number of Copies # _____

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:
Phone:	Email:		
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> .			
Address:	City:	State:	Zip:

2nd Copy Send Transcript to:

Name and Address <i>(if different from above)</i> .			
Address:	City:	State:	Zip:

Requested By

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

*Any additional instruction Please write on back.
Contact Information: phone (303) 862-3001