

Transcript Request Form

Student Information

Social Security Number (required) _____

Student ID Number (optional) _____ Birth date _____

Name _____ Former Name used at ACC _____

Address _____ Dates of Attendance _____

City _____ State _____ Zip _____ Phone _____

Request

Sealed Copy

Hold for current semester's grade

Hold until degree is recorded

Hold for change of grade / incomplete: Course _____ Term _____

Changed from _____ to _____

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated.

Signature _____ **Date** _____

NOTES:

- Transcripts will not be provided for students with financial and other obligations to the college.
- Please allow one week for processing
- View your records online at www.arapahoe.edu , click on "My Community EDUCATION" and follow the login prompts.
- Special processing fees apply to same day transcript services and expedited shipping

Direct Inquiries to:

Transcripts
 Admissions & Records Office
 Arapahoe Community College
 5900 S. Santa Fe Drive
 P.O. Box 9002
 Littleton, CO 80160-9002
 Phone: 303.797.5627 Fax: 303.797.5970

<input type="checkbox"/> Pick Up or <input type="checkbox"/> Mail Transcript To:	Qty _____
Name _____	
Name (cont) _____	
Organization _____	
Address _____	
City _____	State _____ Zip _____
FAX Number _____	

<input type="checkbox"/> Pick Up or <input type="checkbox"/> Mail Transcript To:	Qty _____
Name _____	
Name (cont) _____	
Organization _____	
Address _____	
City _____	State _____ Zip _____
FAX Number _____	

OFFICE USE ONLY Printed _____ Date _____

Special Processing Fee: _____ Paid _____ Date _____