



University of Colorado
Colorado Springs

OFFICIAL TRANSCRIPT REQUEST FORM
FOR STUDENTS WHO ATTENDED
BETH-EL COLLEGE OF NURSING PRIOR TO FALL 1997
 ALL OTHERS, PLEASE USE [ONLINE ORDERING](#)

1420 Austin Bluffs Pkwy
Colorado Springs, CO 80918
Phone: (719)255-3361
Fax: (719)255-3116
E-mail: admrec@uccs.edu
www.uccs.edu

Student Information

Full Name: _____ Student ID: _____ Date of Birth: _____
 Name While Enrolled: _____ Dates of Attendance: _____ to _____
 Street Address: _____ Daytime Phone Number: _____
 City: _____ State: _____ Zip Code: _____ Email Address: _____

Regular Processing:		Price	Number of Copies
<input type="checkbox"/>	US First Class Mail or International Air Mail (Please allow 7-10 business days processing)	Free	
<input type="checkbox"/>	Pick-Up (3 business days processing) Transcripts will be ready for pickup in Main Hall, Room 108. If a third party is picking up, please print their name (Photo ID required): _____	Free	

Special Processing: Rate applies for up to 5 copies to the same address. Requests must be received by the Transcript Office by noon.			
<input type="checkbox"/>	FAX (limited to 1 copy, unofficial) FAX # _____	\$15	
<input type="checkbox"/>	RUSH USPS via 1st Class Mail	\$15	
<input type="checkbox"/>	FedEx Express® U.S. Services (FedEx does <u>NOT</u> deliver to P.O. Boxes) Delivery Phone Number Required: _____ <input type="checkbox"/> Deliver without signature	\$30	
<input type="checkbox"/>	FedEx Express® International Services (FedEx does <u>NOT</u> deliver to P.O. Boxes) Delivery Phone Number Required: _____ <input type="checkbox"/> Deliver without signature	\$85	

Check here if you have attachments to include with your transcript

I hereby authorize the release of my transcript. I acknowledge that the University has no control over receiving faxed transcripts. Therefore, my faxed transcript might be viewed by other than the desired recipient. I also understand that transcripts cannot be issued if a financial hold exists on my account.

_____ Date
 Student Signature

Your request will not be processed without your signature!

Deliver To Address: Complete one request form for each addressee.

Check if same as above:

Payment Information:

Check: Please make checks payable to: UCCS
 Credit Card: **Visa** **MasterCard**
 Name as it appears on card: _____
 Card Number: _____
 Expiration Date: _____