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

Student Information

| Full Name: _________________________________ | Date of Birth: _____________ |
| Name While Enrolled: ________________________________ | Dates of Attendance: ________ to ________ |
| Street Address: ______________________________________ | Daytime Phone Number: ____________________ |
| City: __________________ State: _______ Zip Code: __________ | Email Address: __________________________ |

- [ ] US First Class Mail or International Air Mail  (Please allow 7-10 business days processing) $15/copy
- [ ] Pick-Up (Same day 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): __________________________ $20/copy
- [ ] FedEx Express® U.S. Services (FedEx does NOT deliver to P.O. Boxes) Delivery Phone Number required: ____________________ [ ] Deliver without signature ($30 FedEx surcharge applied to orders including this option) $45/copy
- [ ] FedEx Express® International Services (FedEx does NOT deliver to P.O. Boxes) Delivery Phone Number required: ____________________ [ ] Deliver without signature ($85 FedEx surcharge applied to orders including this option) $62/copy

Total

I hereby authorize the release of my transcript. I understand that transcripts cannot be issued if a financial hold exists on my account.

Student Signature _____________________________ Date ________________

— 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

NOTE: Credit cards are not accepted for your security

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