

# 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](http://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 \_\_\_\_\_