



Transcript Request Form

5675 South Academy Blvd
Campus Box C8
Colorado Springs, CO 80906-5498

Date _____

Name _____
Last First MI

Student ID _____ DOB _____

Other Names Used _____

Current Address _____

Telephone _____

Email _____

Signature _____

Request must be signed by the student for processing to occur.

Send _____ Transcript(s) To:
Number

Send _____ Transcript(s) To:
Number

PPCC does not Fax official transcripts to any person/school. All transcripts will be sent by first class U.S. mail.

Mail to the above address or fax to (719) 502-2075.

Transcripts are not released without the student's signature.

Transcripts are not released until all accounts with the college are current.