



# Transcript Request Form

Campus Box C8  
5675 South Academy Boulevard  
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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pikes Peak Community College requires that payment of \$3.00 per transcript accompany requests for processing to proceed.

Transcripts will be placed in separate envelopes unless requested otherwise.  
cc  
Transcripts are not released without the student's signature.

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