

RUSH TRANSCRIPT SERVICE ONLY
UNIVERSITY OF COLORADO AT DENVER
AND HEALTH SCIENCES CENTER
RUSH TRANSCRIPT REQUEST FORM

PART I – Student Information

_____ Student ID Number/Social Security Number		_____ Current Street Address		
_____ Last Name		_____ City	_____ State	_____ Zip
_____ First Name	_____ Middle/Former Name	_____ Phone Number		_____ Birth date
_____ Name while Enrolled		_____ Email Address		

PART II – (Check from the following options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Same Day in US Mail (\$10.00) | <input type="checkbox"/> Same Day Pick up (\$10.00) | <input type="checkbox"/> Separate Envelopes for Each Copy |
| <input type="checkbox"/> Next Day US Mail (\$5.00) | <input type="checkbox"/> Same Day Fax (\$15.00) | <input type="checkbox"/> Attachment(s) to Transcript |
| <input type="checkbox"/> Federal Express Service in USA only (\$20.00) | <input type="checkbox"/> Next Day Fax (\$10.00) | <i>(Fax/Mail attachments so we may include them with the transcript)</i> |
| <input type="checkbox"/> Hold Until Current Term Grades are Released | | |

PART III – Delivery Information

_____ Department/Attention		_____ Phone Number	
_____ Name of Agency/Institution		_____ Fax Number <i>(For Fax Request)</i>	
CHARGE INFORMATION			
_____ Current Street Address		_____ Credit Card Number	
_____ City	_____ State	_____ Type of Credit Card	_____ Zip
_____ Country	_____ Number of Copies <i>(Up to 10 copies)</i>	_____ Name on Credit Card	_____ Expiration Date

<u>PART IV</u>	
_____ YOUR SIGNATURE	_____ Today's Date

- | | |
|---|--|
| <p>Signature _____ Date _____</p> <p>Transcripts will NOT be processed for the following reasons:</p> <ul style="list-style-type: none"> * Financial Stop (No transcripts are issued until cleared) * No Signature (No transcript requests are processed Without signatures) * Incomplete, Illegible, or Unclear Information on Transcript Request Form * Pending changes to transcript records | <p>Important Notes:</p> <ul style="list-style-type: none"> * Transcripts received by a student will be stamped, * "ISSUED TO STUDENT." (Many institutions do not consider documents stamped "ISSUED TO STUDENT" to be official. Please verify) * Facsimile copies are UNOFFICIAL |
|---|--|

Please return this completed form to:	
UNIVERSITY OF COLORADO AT DENVER AND HEALTH SCIENCES CENTER	
Transcript Office – Downtown Denver Campus	Phone: (303) 556-2389
Campus Box 167	Fax: (303) 556-4829
P.O. Box 173364	
Denver, Co 80217-3364	