



Office of the Registrar

UNIVERSITY OF COLORADO  
COLORADO SPRINGS



## Request for Official Transcript

Name: \_\_\_\_\_ SID: \_\_\_\_\_ or DOB: \_\_\_\_\_

I hereby authorize the release of my official UCCS transcript to (if other than self):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

by  
University of Colorado Colorado Springs  
Office of the Registrar  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
Phone: 719-255-3361  
Fax: 719-255-3116

I understand that I give my permission for my records to be released  
to only the person(s) or organization(s) indicated above.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**\*Photo ID Required\***