



UCCS Office of the Registrar
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.**

Authorizing Signature *Photo ID Required*

Date