



University of Colorado
Colorado Springs

OFFICIAL TRANSCRIPT REQUEST FORM
FOR STUDENTS WHO ATTENDED
BETH-EL COLLEGE OF NURSING PRIOR TO FALL 1997
ALL OTHERS, PLEASE USE [ONLINE ORDERING](#).

1420 Austin Bluffs Parkway
Colorado Springs, CO 80918
Phone: (719) 255-3361
Fax: (719) 255-3116
Email: registrar@uccs.edu

Student Information

Full Name: _____ Date of Birth: _____
Name While Enrolled: _____ Dates of Attendance: _____ to _____
Street Address: _____ Daytime Phone Number: _____
City: _____ State: _____ Zip Code: _____ Email Address: _____

<input type="checkbox"/>	US First Class Mail or International Air Mail (Please allow 7-10 business days processing)	\$15/ copy	
<input type="checkbox"/>	Pick-Up (Same day processing) Transcripts will be ready for pickup in Main Hall, Room 108. If a third party is picking up, please print their name (Photo ID required): _____	\$20/ copy	
<input type="checkbox"/>	FedEx Express® U.S. Services (FedEx does <u>NOT</u> deliver to P.O. Boxes) Delivery Phone Number required: _____ <input type="checkbox"/> Deliver without signature (\$30 FedEx surcharge applied to orders including this option)	\$45/ copy	
<input type="checkbox"/>	FedEx Express® International Services (FedEx does <u>NOT</u> deliver to P.O. Boxes) Delivery Phone Number required: _____ <input type="checkbox"/> Deliver without signature (\$85 FedEx surcharge applied to orders including this option)	\$62/ copy	
		Total	

I hereby authorize the release of my transcript. I understand that transcripts cannot be issued if a financial hold exists on my account.

_____ Student Signature _____ Date _____

— Your request will not be processed without your signature —

Deliver To Address: Complete one request form for each addressee.

Check if same as above:

Payment Information:

Check: Please make checks payable to: UCCS

NOTE: Credit cards are not accepted for your security