

OFFICIAL TRANSCRIPT REQUEST FORM COLORADO STATE UNIVERSITY-PUEBLO 2200 BONFORTE BLVD., PUEBLO, Co 81001.

STUDENT INFORMATION: PLEASE PRINT

LAST FIRST MIDDLE/MAIDEN  
NUMBER AND STREET  
CITY STATE ZIP

MAIL TO: PLEASE PRINT

ATTN:

DATES OF ATTENDANCE TO

CHECK ONE: SEND TRANSCRIPT AT END OF SEMESTER

NO. COPIES AFTER DEGREE CONFERRED

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974, (Public Law 83-380) I grant permission for release of my academic Record to the individual indicated, but only on the condition that they will not permit any other party to have access to this record.

STUDENT I.D. #

SIGNATURE DATE  
DISTRIBUTION: WHITE-REGISTRAR'S OFFICE  
YELLOW-STUDENT