



This form is only to be used by students who have a business office hold and who want to obtain their official transcripts. ALL other transcript requests should be ordered online at www.coloradomtn.edu/transcripts

TRANSCRIPT SERVICE FEE - \$2.85 (Mail Delivery Only)

Student Accounts Manager _____ **Date** _____
Receipt Number _____
Amount Received _____ **Number of transcripts requested** _____
Signature _____

Student Information:

First Name _____ Middle Name _____ Last Name _____
Student ID _____ Date of Birth _____
Other known names (e.g. maiden or nickname) _____

Please send my Official Colorado Mountain College Transcript(s) to:

Institution/Individual: _____
Attn: Office/Individual: _____

Address: Street/PO BOX _____ City _____ State _____ ZIP Code _____

If more than one transcript is being requested please attach additional forms.

Transcripts sent directly to Students will be stamped "Official Transcript-Issued to Student" and may not be accepted as valid by other schools or agencies.

Student Signature _____ Date _____
Phone Number _____

OFFICE USE ONLY

Processor _____ Date _____

Colleague _____ Etrieve _____