



TRANSCRIPT REQUEST FORM

Please print clearly

Last Name _____ First Name _____

Last 4 of SSN _____ DOB _____

Dates of Attendance (Term/Year) _____ How many copies: _____

Current Address _____

City _____ State _____ Zip Code _____

Cell Phone # _____ House Phone # _____

In accordance with the Family Educational Rights and Privacy Act (FERPA), we must have a signature in order to release your transcripts.

Signature _____ Date _____

Note: IT IS THE STUDENT'S RESPONSIBILITY TO FURNISH A CORRECT AND COMPLETE ADDRESS

Please allow 7-10 business days processing time for official transcripts after receipt of this form.

How would you like your transcripts?

- Email to:** _____
- Fax to:** _____
- To be picked up by student at a later date (please allow one week for processing)**
- Mailed to:** (please provide information below about recipient of the transcript)

Name of Institution _____

Department _____

Address _____

City _____ State _____ Zip Code _____

Please note that no transcript will be issued to any student whose financial obligations to the College have not been satisfied

If requesting by mail, email/online, or by fax, please send your Transcript Request Form to:

Spartan College
Attention Office of the Registrar
10851 W 120th Ave
Broomfield, CO 80021
Fax: 303-484-7723
transcript@spartan.edu

Office Use Only:

Processed on (date): _____

Registrar Initials: _____