

**Adams State College**  
**TRANSCRIPT REQUEST FORM**

Instructions: Complete the form below and submit to the Records Office along with the appropriate transcript fee. All requests must be in writing and signed by the student in order to comply with federal student privacy laws.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name (please print legibly) Student ID or SS Number Date of Birth

Attended ASC prior to Fall, 1991 \_\_\_Yes\_\_\_No First & Last Year of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Send: [ ] Now [ ] End of Term [ ] When this class has posted: Subj \_\_\_\_\_ Crse # \_\_\_\_\_

Crse Title \_\_\_\_\_

\*\*\*\*\*

Current Mailing Address of Student Send Transcript(s) to the following Address(es):  
Official \_\_\_ or # Unofficial \_\_\_ to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax Unofficial to Attn: \_\_\_\_\_ # Official \_\_\_ or # Unofficial \_\_\_ to this address:

Fax: \_\_\_\_\_

❖ Processing time may take between 7-10 business days during peak periods, therefore, please plan accordingly. ASC is not responsible for any deadlines which are not our own.

# Official \_\_\_ or # Unofficial \_\_\_ to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Method of Payment:</b>	Credit Card #: _____
[ ] Check	Card Exp. Date: ___/___/___
[ ] Money Order	Card Holder's Signature _____
[ ] Visa [ ] Mastercard [ ] Discover	# Official: _____ X \$12.25 = _____
	# Unofficial: _____ X \$4.00 = _____
	# Fax unofficial: _____ X \$14.00 = _____
<b>Total amount to be billed to cardholder \$ _____</b>	

I verify I am the student whose transcript is being requested. I have included payment with my request.

\_\_\_\_\_  
Signature of Student Date

Submit completed form along with payment to:  
Records Office Fax: 719-587-7416  
Adams State College Phone: 719-587-7321  
Alamosa, CO 81102 e-mail: [ascrecords@adams.edu](mailto:ascrecords@adams.edu)  
Note: accounts must be cleared with the Business Office before transcripts will be released.