Adams State University
TRANSCRIPT REQUEST FORM

Instructions: Complete the form below and submit to the Registrar’s 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.

<table>
<thead>
<tr>
<th>Name (please print legibly)</th>
<th>Student ID or SS Number</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

Attended ASU 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_________________________

Transcript Purpose:
Self____ Transfer____ Employment____ Scholarship/Grant____ Other____________________

Current Mailing Address of Student
______________________________________________________________
______________________________________________________________

Phone: ________________________________

Fax Unofficial to Attn: _____________
Fax: ________________________________

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

Send Transcript(s) to the following Address(es):
Official ____ or # Unofficial ____ to this address:
______________________________________________________________
______________________________________________________________

# Official ____ or # Unofficial ____ to this address:
______________________________________________________________
______________________________________________________________

# Official ____ or # Unofficial ____ to this address:
______________________________________________________________
______________________________________________________________

Method of Payment:
[ ] Check  Card Exp. Date: ____/____
[ ] Money Order  Card Holder’s Signature
[ ] Visa [ ] Mastercard [ ] Discover

Credit Card #: ___________________________

# Official: __________ X $15.00 = __________
# Unofficial: __________ X $ 5.00 = _______
# Fax unofficial: __________ X $15.00 = _______

Total amount to be billed to cardholder $__________

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

Signature of Student ___________________________ Date ______________________

TEAM OFFICE Fax: 719-587-7416  Registrar’s Office  Note: accounts must be cleared with the
Adams State University Phone: 719-587-7322  Business Office before transcripts will be
Alamosa, CO 81101  e-mail: registraroffice@adams.edu  released.