



# Official Transcript Request Form

## Student Information

Social Security Number (required) \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Identification Number S \_\_\_\_\_

Name \_\_\_\_\_ Former Name used at PCC \_\_\_\_\_

Address \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### Request

- Sealed Copy
- Hold for current semester's grade
- Hold until degree is recorded
- Hold for change of grade/incomplete:

### Reason for Request

- Transfer to a 4-year institution before graduation
- Transfer to a 4-year institution after graduation
- Transfer to a 2-year institution before graduation
- Transfer to a 2-year institution after graduation

- Request from employer
- Other

Course \_\_\_\_\_ Term \_\_\_\_\_ Changed from \_\_\_\_\_ to \_\_\_\_\_

*Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Transcript To or  Pick Up

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX Number \_\_\_\_\_

Mail Transcript To or  Pick Up

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX Number \_\_\_\_\_

Mail Transcript To or  Pick Up

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FAX Number \_\_\_\_\_

### NOTES:

- **Transcripts will not be provided for students with financial and other obligations to the college.**
- Please allow one week for processing; three weeks during end of semester grading period.
- View your records online at <http://www.pueblocc.edu>
- Special Processing fees may apply.

### Direct Inquiries to:

Transcripts  
 Admissions and Records Office  
 Pueblo Community College  
 900 West Orman Avenue  
 Pueblo Co 81004  
 Phone: 719.549.3010