**Official Transcript Request**

**Personal Information:**

First Name: Middle: Last Name:

Street Address: City: State: Zip

Student ID Number: Birthdate: Phone Number:

Social Security Number (SSN): Previous Name(s):

Please allow 3 to 5 days for processing unless picking up in Pueblo. Electronic transcripts may be requested at www.pueblocc.edu/Transcripts/

Pursuant to the 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.

Student Signature: Date:

**Attendance Information**

College Attended:  Pueblo Community College  San Juan Basin Technical College

Approximate Date of Attendance:

**Delivery Information**

Pick Up ($5)  Mail Out ($3)  Pick Up ($5)  Mail Out ($3)

Name: Name:

Address: Address:

Address: Address:

City: State: Zip: City: State: Zip:

**Payment Information**

Payment must be made by enclosed check, by cash in person, or by phone with credit card (**719-549-3212**). Please do not mail cash. Official Transcript Request form may be returned via email (registrar@pueblocc.edu), fax (719-549-3012), or US Postal Service (PCC, 900 W. Orman Ave., Pueblo, CO 81004).

**Admissions & Records Use Only**

**Fulfilled  No Record Other:**   **Initials:**