

# ARAPAHOE RIDGE TRANSCRIPT REQUEST



Return this completed form with payment, \$2.00 per transcript (cash or check payable to BVSD).

Drop off or mail to:

Arapahoe Campus, Attn: Registrar  
6600 Arapahoe Road  
Boulder, CO 80303

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name on school records (if different) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Years of Attendance \_\_\_\_\_ or Year of Graduation \_\_\_\_\_

Did you attend Career & Technical Education classes (CTE)? yes no

Years of Attendance \_\_\_\_\_ or Year of Certification \_\_\_\_\_

Number of transcripts requested: Unofficial quantity \_\_\_\_\_ Official quantity \_\_\_\_\_

(Official transcript is signed and stamped and will only be sent to a school or place of employment).

The complete address transcript is to be sent to:

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

Please provide a self-addressed, stamped envelope for any requests to be sent out of the United States.

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