

TRANSCRIPT REQUEST FORM

Arapahoe Ridge High School



Email this completed form to the ARHS Registrar:
katy.williams@bvsd.org

Mail the \$2 fee (cash or check made out to BVSD) to:
Arapahoe Ridge High School, Attn. Registrar
6600 Arapahoe Road
Boulder, CO 80303

Student's Name _____ Date _____

Date of Birth _____ Telephone Number _____

Name at the time of attendance _____

Records request is for (check all that apply):

___ Arapahoe Ridge High School ___ Boulder TEC ___ Engage Program

Years of Attendance _____ or Year of Certification _____

Number of transcripts requested _____

Unofficial Quantity _____ Official (to school or job) Quantity _____

Provide the complete address of where the transcript is to be sent:

_____	_____
_____	_____
_____	_____
_____	_____

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

Email questions to katy.williams@bvsd.org or call 720-561-5231

Student's signature _____