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 ___________________________________________