TRANSCRIPT REQUEST FORM
Boulder Technical Education

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

Mail the $2 fee (cash or check made out to BVSD) to:
Boulder Technical Ed Center, Attn. Registrar
6600 Arapahoe Road
Boulder, CO 80303

Student’s Name ________________________________ Date __________________

Date of Birth ___________________________ Telephone Number __________________________

Name at the time of attendance ________________________________

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 ____________________________________________