TRANSCRIPT REQUEST FORM
Arapahoe Ridge High School and Boulder TEC
Registrar Phone 720-561-5231

Name _________________________________________      Date of Birth _______________

Name at the time of Attendance ____________________________________________

CTEC  yes   no

Years of Attendance _________________ or Year of Certification _________________

Telephone Number ________________________

Number of transcripts requested _________

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

The address transcript is to be sent to is:

__________________________________                             ____________________________
__________________________________                             ____________________________
__________________________________                             ____________________________
__________________________________                             ____________________________

$2.00 per transcript (cash or check payable to Arapahoe Campus).

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

Student Signature ________________________________   Date _____________________