

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 _____