

TRANSCRIPT REQUEST ARAPAHOE RIDGE HIGH SCHOOL

Fee: \$2 per transcript ordered. Cash or check made out to BVSD.

Mail the completed form with fee payment included to:

Arapahoe Ridge HS, Attn: Registrar
6600 Arapahoe Road, Boulder, CO 80303

Name: _____ Date of Birth: _____

Name at the time of Attendance (if different): _____

Graduation Date: _____ **OR** Dates of Attendance: _____

Telephone Number: _____ Email Address: _____

Unofficial transcripts are for your use and will not be accepted by an educational institution.
Official transcripts (signed & sealed) are sent from ARHS to the educational institution, by mail or email.

Unofficial Quantity: _____

Official (to school or job) Quantity: _____

Mail Unofficial Transcript to:

Mail the Official Transcript to:

Provide the Institution's Admissions address if you want the official transcript emailed:

Number of transcripts requested: _____ x \$2.00 = _____ (enclosed payment amount)

Student Signature _____ Date _____