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: mailing address
Mail the Official Transcript to: mailing address

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 ________________