HARRISON SCHOOL DISTRICT 2
Transcript Request Form

Per the Family Educational Rights and Privacy Act (FERPA), we are required to have a written, signed, and dated consent document before education records can be released. To request a copy of your transcripts, please print this form, enter information, and mail , email or fax to the appropriate department. Be sure to sign this release, as your request will not be processed without a signature. Transcripts requested by email require a copy of a legal photo ID. If you prefer to pick up your transcripts in person, you must present a legal photo ID. There are no fees for transcript requests.
Please note that most requests are processed within 48 hours; however, please allow up to 5 business days to complete your request. If you have any questions, please contact either Scarlett Crowley at (719) 579-2550 or Erin Trujillo at (719) 579-2554.

✓ Select appropriate boxes
Escoja una opición

☐ Mail unofficial transcripts to my home address below
Enviar por correo a mi domicilio

☐ Mail official transcripts to the college or organization below
Enviar al colegio / organización

☐ Fax transcripts to the fax number below
Enviar por fax al número anotado abajo

☐ I will pick up my transcripts in person (photo ID required)
Recoger mis documentos en persona (identificación requerida)

Date of Pick Up
Fecha que estarán listos _____

Mail or Fax Transcript Request To:

HSD2 Student Support
Attn: Central Registration
1060 Harrison Rd.
Colorado Springs, CO 80905
Fax: (719) 579-2557

Or E-Mail Transcript Request to:

sccrowley@hsd2.org

etrujillo@hsd2.org

If you graduated after 2010, mail or fax this request to the High School you attended.

Harrison High School
Attn: Registrar
2755 Janitell Rd
Colorado Springs, CO 80906
Fax: (719) 538-4832

Sierra High School
Attn: Registrar
2250 Jet Wing Drive
Colorado Springs, CO 80916
Fax: (719) 579-2506

STUDENT INFORMATION		**INFORMACIÓN DE LESTUDIANTE**	
Current Name (last, first, middle) *Apellido, primer nombre*		Former or Maiden Name *Nombre/apellido de soltera/soltero*	
Street Address *Domicilio*			
City *Ciudad*	State *Estado*	Zip *Código Postal*	Phone # (include area code) *Teléfono (incluya código)*
Date of Birth *Fecha de nacimiento*		SSN *Número de Seguro Social*	
School Attended *Cual escuela(s) asistió*			
Year of Graduation *Año de graduación*	Years of Attendance (if you did not graduate) Años que asistio (si no se graduó)		

MAIL/EMAIL MY TRANSCRIPTS TO		**ENVIAR POR CORREO A**	
College or Organization *Colegio o organización*		Attention *Atención a*	
Street Address *Domicilio*		Email Address *Dirección de Correo Electrónico*	
City *Ciudad*	State *Estado*	Zip *Código Postal*	Phone # (include area code) Teléfono (incluya código)

FAX MY TRANSCRIPTS TO	**ENVIAR POR FAX A**
Fax # (include area code) *Número del fax (incluya código)*	Attention *Atención a*

Signature (required) *Firma (requerida)* _____ Date *Fecha* _____

I hereby authorize Harrison School District 2 to release an official transcript
Autorizacion para entegrar informacion