Records Management Center

Mailing Address: 870 Babcock Road, Colorado Springs, CO 80915
Phone: 719-520-2079 **Email:** d11records@d11.org **Fax:** 719-520-2423
Mr. Michael Gaal, Superintendent

Request for Student Transcript or Other Student Records

YOU MUST INCLUDE A COPY OF YOUR PICTURE ID WITH THIS REQUEST DRIVER'S LICENSE, MILITARY ID, STUDENT ID, ETC.

Date: _____

Student's Name_____
Last First MI Maiden

Street Address_____

City_____ State_____ Zip Code_____

Telephone_____ Date of Birth_____

Graduated From_____ Year of Graduation_____
School

If you didn't graduate, last year attended a D11 School_____
Year School Grade

Official Transcript _____ (College, Employment, Etc.) **Student Record** _____
Unofficial Transcript ____ (Personal Use) (NO CHARGE FOR UNOFFICIAL) **Verification of Education** _____

Send Record To (*MAILING ADDRESS OR EMAIL ADDRESS*):

_____

_____

Send Record To (*MAILING ADDRESS OR EMAIL ADDRESS*):

_____

_____

Special Instructions:

_____

HIGH SCHOOL GRADUATE TRANSCRIPTS ONLY: A $10.00 processing fee is due and payable to School District #11 (NO CHARGE FOR UNOFFICIAL TRANSCRIPTS). You may pay by check or money order (made out to District 11), cash, or debit or credit card. If mailing, faxing, or emailing your request, please send a copy of your picture ID with the request form. If faxing, or emailing, you may pay by debit or credit, or send a check, money order, or cash to us separately indicating that your request was faxed or emailed. (Please note that a $2.50 processing fee is added to all debit/credit card payments).

Type of credit or debit card: _____
Card #: _____
Expiration Date: _____
3 Digit Security Code on back of card: _____
Billing address if different than address above:
_____

_____
Signature

Please allow 24-48 hours to process this request.