



Records Management Center

Mailing Address: 1033 N Franklin Street, Colorado Springs, CO 80903
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.)
Unofficial Transcript _____ (Personal Use) (NO CHARGE FOR UNOFFICIAL)

Student Record _____
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 3-5 business days to process this request.