

Colorado State University Official Transcript Request Form

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WE DO NOT ACCEPT REQUESTS BY FAX OR EMAIL & DO NOT SEND CASH!

Name: _____ CSU ID#: _____
Last First Middle Maiden/Previous

Birth Date: ____/____/____ CSU attendance: Before 1970 1970-1984 1985 to present

Daytime Phone #: _____ Email Address: _____

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No. of transcripts to be sent to me at this address City, State, Zip _____

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<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
No. of copies	(Name of organization, business, etc.)	No. of copies	(Name of organization, business, etc.)
_____		_____	
(Address)		(Address)	
_____		_____	
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Special: Hold until current term grades are posted.
 Handling: Hold until degree is posted _____ term 20____.
 Other (e.g. signed and sealed envelopes) _____

Charges and Payment: \$20 per copy x copies: \$_____

Please enclose a check or money order made payable to Colorado State University for the total amount or provide your credit card information below. You may send your payment and this form to: **Transcripts, Registrar's Office, 1063 Campus Delivery, Colorado State University, Fort Collins, CO 80523-1063.**

Visa MC Discover Card # _____ / _____ / _____ / _____
 Exp. Date _____ CVV Code: _____
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Signature: _____ Date: _____

THIS FORM MUST BE SIGNED!

Your request will not be processed without payment. Because of the volume of transcript requests, we are unable to call to verify receipt of this request or to obtain your credit card information. If you have questions, please EMAIL: RegistrarOffice@Colostate.edu