

Transcript Request

Answer all questions completely to expedite processing:

School Attended: Regis University Loretto Heights College

Regis ID: _____ or Social Security #: _____

Name: _____
Last First Middle Initial

Previous name used at Regis University/Loretto Heights:

Last First Middle Initial

Street: _____ Birth date: _____

City: _____ Last year of attendance: _____

State: _____ Zip Code: _____ Contact number: _____

Processing and special instructions:

Total number of transcripts requested (*limit 5*): _____

- Hold transcript until recording of teacher licensure recommendation
- Hold transcript until degree or certificate posting
- Hold transcript until grades are posted
- Pick-up at Lowell campus
- Overnight via FedEx (optional) Visa/MC/AmEx/Disc # _____ Exp date: _____

Note: Charges are determined by Federal Express. FedEx does not deliver to P.O. Boxes.

Send transcript/s to:

Name/Organization: _____	Name/Organization: _____
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____

Regulations Governing the Release of Transcript/s

1. As required by the Family Educational Rights and Privacy Act of 1974 requests for transcripts must include the **student's signature** for release of confidential information.
2. Transcript requests by phone or email are not accepted. Transcripts are **not** faxed.
3. Financial obligations to the University must be satisfied before transcripts are released.
4. Transcripts are free of charge and mailed 3 to 5 working days after the request is received.
5. Same day pick-up is available at the Lowell campus **only**.

Student signature: _____ **Date:** _____
(FAX signature as good as the original)

FAX: 303-964-5536



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Requested by (Name): _____

Name/Organization:

Street: _____

City: _____

State: _____ Zip Code: _____

Name/Organization:

Street: _____

City: _____

State: _____ Zip Code: _____

Name/Organization:

Street: _____

City: _____

State: _____ Zip Code: _____