



**Transcript Request Form**

There is a charge of \$5.00 per official copy of a transcript  
Please allow one week for processing

**Student Information -- Please print**

Name \_\_\_\_\_ Former Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Program or Class \_\_\_\_\_ Last year attended \_\_\_\_\_ email: \_\_\_\_\_

**Request #1**

Mail Transcript To or  Pick Up (date) \_\_\_\_\_

- Sealed Copy
- Hold for current semester's grade
- Hold until Certificate is recorded
- Unofficial Transcript
- Fax Unofficial Transcript to:  
Fax \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Request #2**

Mail Transcript To or  Pick Up (date) \_\_\_\_\_

- Sealed Copy
- Hold for current semester's grade
- Hold until Certificate is recorded
- Unofficial transcript
- Fax Unofficial Transcript to:  
Fax \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Transcripts will not be provided for students with financial obligations to Pickens Technical College or any community college.

**Direct Inquiries to:**

Transcripts  
Pickens Technical College  
500 Airport Blvd.  
Aurora, CO 80011  
Attn: Ericka Vigil  
Phone: 303-326-2071  
Fax: 303-326-1965  
Email: [evigil1@aurorak12.org](mailto:evigil1@aurorak12.org)

*Pursuant to provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380, I grant permission for release of my academic record as indicated.*

If paying by debit/credit card over the phone, **signature on this form is authorization for use of such card. Please call cashier at 303-326-2120** and provide **over the phone**: student name, credit card #, amount of payment, credit card billing zip code, name on the credit card.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Copies Requested \_\_\_\_\_ Amount Paid \_\_\_\_\_ Initials \_\_\_\_\_