

Colorado State University Official Transcript Request Form

Transcripts from Colorado State University are \$8.00 per copy (*This is a nonrefundable fee*).

Orders are processed within 24 hours of receipt, and mailed the next working day.

The appropriate fee must be remitted with a request before we can issue a transcript.

Please do NOT send cash.

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 RecordsOffice@Colostate.edu

Type or print legibly or transcript processing will be delayed.

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

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

Daytime Phone #: _____ Email Address (if applicable): _____

Your Current Mailing Address: (Street) _____

Number of transcripts to be sent to me at this address City, State, Zip _____

Send Transcripts to Other Addresses Listed Below:

(You may list additional addresses on separate sheet if necessary)

(Name of organization, business, etc.) _____ (Name of organization, business, etc.) _____

No. of copies (Address) No. of copies (Address)
to this address (City, State, Zip) to this address (City, State, Zip)

Special Handling: _____ Hold until current term grades are posted.
_____ Hold until degree is posted _____ term 20____.
_____ Other (e.g. signed and sealed envelopes) _____

Total Charges: \$8 per copy x _____ copies: \$_____

Please enclose a check or money order made payable to Colorado State University for the total amount or provide a Visa or MasterCard number and expiration date and the appropriate amount will be charged to your credit card. You may send your payment and this form to:

Transcripts
Office of Records and Registration
1063 Campus Delivery
Colorado State University
Fort Collins, CO 80523-1063

Signature: _____ Date: _____

Requests received prior to 2:00pm mountain time will be mailed the following business day.

THIS FORM MUST BE SIGNED!

Visa MasterCard Card # _____ / _____ / _____ Exp. Date _____

Your request will not be processed without payment.

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