Colorado State University Official Transcript Request Form

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Transcripts are mailed out within one to two business days.
The appropriate fee must be remitted with a request before we can issue a transcript.

WE DO NOT ACCEPT REQUESTS BY FAX OR EMAIL

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): _______________________________________

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☐ Number of transcripts to be sent to me at this address

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Transcripts
Registrar’s Office
1063 Campus Delivery
Colorado State University
Fort Collins, CO 80523-1063

Signature: ___________________________ Date: __________________________

THIS FORM MUST BE SIGNED!

☐ Visa ☐ MasterCard Card # ________/_______/_______/_______ Exp. Date _____________

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 RegistrarsOffice@Colostate.edu

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