FRONT RANGE COMMUNITY COLLEGE

Transcript Request Form

Boulder County Campus
2190 Miller Drive
Longmont, CO 80501
303-678-3722
Fax: 303-678-3637
BCCAdmissions@frontrange.edu

Brighton Center
1850 E. Egbert Street
Brighton, CO 80601
303-404-5099
Fax: 303-655-1763
Frcc.brightoncenter@frontrange.edu

Larimer Campus
4616 South Shields
Fort Collins, CO 80526
970-204-8107
Fax: 970-204-8365
LCAdmissions@frontrange.edu

Westminster Campus
3645 West 112th Avenue
Westminster, CO 80031
303-404-5414
Fax: 303-404-5150
WCAdmissions@frontrange.edu

Instructions: *Please complete the information below and mail/fax the transcript request to the appropriate address listed below. If you are picking up a transcript, please send this form to the campus where you plan on picking up the transcript.* ***You will be required to present a photo ID at time of pickup.***

Student ID: _____ Phone #: _____ Birth Date: _____

Name: _____
Last Name *First Name* *Middle Name*

Former name used at FRCC: _____

Email Address: _____ Date/s of Attendance: _____

Request: (**Check all that apply**)

- ☐ Official Copy – Sealed Envelope
- ☐ Hold for Current Semester Grades: **Summer Fall Spring** (circle one)
- ☐ Hold for Degree Posting: **Summer Fall Spring** (circle one)
- ☐ Hold for change of Grade: Course _____ Semester _____ New Grade _____
- ☐ If you attended Larimer Campus prior to Fall 1988 (known as Larimer County Vo-Tech). *Note: Please allow 2 weeks for processing.*

Pursuant to provision of the Federal Family Educational Rights Act of 1974 (Public Law 93-380), I grant permission for release of my academic record as indicated. The transcript request will not be processed without signature.

Signature: _____ **Date:** _____

Pick Up _____ **(# of copies)** **(circle one): Larimer Boulder County Westminster**

or

Mail _____ **(# of copies) transcript(s) to:**

Name: _____

Organization: _____

Address: _____

City; _____ State:___ ZIP:_____

Mail _____ **(# of copies) transcript(s) to:**

Name: _____

Organization: _____

Address: _____

City: _____ State:___ ZIP:_____

Please note:

- **Transcripts will not be provided for students with financial or other obligations to any Colorado Community College.**
- Please allow one week for processing.
- To view your records online, go to www.frontrange.edu and log in to your student account.

Office use only

Printed: _____ Date: _____ Update by the Office of the Registrar

Special Processing Fee: _____ Paid: _____ Date: _____ 05-24-2010