FRONT RANGE COMMUNITY COLLEGE

Official 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

To order transcripts online, go to www.frontrange.edu and log into your eWOLF account.

Instructions: *Please complete the information below and mail/fax the transcript request to the appropriate address listed above. 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: _____ **If you attended Larimer Campus prior to Fall 1988 (known as Larimer County Vo-Tech), please allow up to 2 weeks for processing.*

Check any that apply:

☐ Hold for Current Semester Grades: (circle one): **Summer** **Fall** **Spring**

☐ Hold for Degree Posting: (circle one): **Summer** **Fall** **Spring**

☐ Hold for Change of Grade: Course _____ Semester _____ New Grade _____

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:** _____

Method of Delivery:

☐ **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:

- Official transcripts will always be released in a sealed FRCC envelope.
- **Transcripts will not be provided for students with financial or other obligations to any CCCS (Colorado Community College System) institution.**
- Please allow one to three business days for processing.
- To view your records online or to print an unofficial copy of your transcripts, go to www.frontrange.edu and log in to your eWOLF account.

Office use only

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

Special Processing Fee: _____ Paid: _____ Date: _____ 12-06-2012

PRINT FORM