Enrollment Services
Academic Records and Registration

3333 Regis Boulevard, A-8
Denver, Colorado 80221-1099
303-458-4394 / 1-800-568-8932
FAX: 303-964-5536
enrolsvc@regis.edu

Transcript Request

Answer all questions completely to expedite processing:

School Attended: ☐ Regis University ☐ Loretto Heights College

Regis ID:_____ or Last 4 digits of Social Security #:_____

Name: _____ _____ _____
Last First Middle Initial

Previous name used at Regis University/Loretto Heights College:

_____ _____ _____
Last First Middle Initial

Street:_____ Birth Date:_____

City:_____ Last Year of Attendance:_____

State:_____ Zip Code:_____ Contact Number:_____

Processing and special instructions: Total number of transcripts requested *(limit 5)*: _____

☐ I will pick them up at the Lowell campus

☐ Please mail them to the address(es) below

☐ Hold transcript until recording of teacher licensure recommendation

☐ Hold transcript until degree or certificate posting

☐ Hold transcript until grades are posted

Send transcript/s to:

NOTE: Please do **NOT** abbreviate the Name/Organization; it will slow the processing time of your transcript request.

Name/Organization: _____

Street: _____

City: _____State:_____ Zip Code:_____

Name/Organization: _____

Street: _____

City: _____State:_____ Zip Code:_____

Regulations governing the release of transcript/s

1. As required by the Family Educational Rights and Privacy Act of 1974, requests for transcripts must include the **student's signature** for release of confidential information.
2. Transcript requests by phone or e-mail are not accepted.
3. Financial obligations to the University must be satisfied before transcripts are released.
4. Transcript requests received by fax or mail are processed free of charge and mailed within 3 to 5 business days. Please allow at least two weeks for delivery
5. **Transcripts cannot be faxed**. Same-day pick-up is available at the Lowell campus **only**.

Student Signature:_____Date:_____
(FAX signature as good as the original)

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Transcript Request, Page 2

Requested by (Name):_____

NOTE: Please do **NOT** abbreviate the Name/Organization; it will slow the processing time of your transcript request.

Name/Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Name/Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Name/Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____