

# REGIS UNIVERSITY



## OFFICE OF ACADEMIC RECORDS & REGISTRATION

3333 Regis Blvd., A-8 | Denver, CO 80221-1099 | 303.458.4126 | 800.568.8932 | registrar@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 M.I.

Previous name used at Regis University/Loretto Heights College:

\_\_\_\_\_  
Last First M.I.

Street: \_\_\_\_\_ Birth Date: \_\_\_\_\_

City: \_\_\_\_\_ Last Year of Attendance: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Processing and Special Instructions:** Transcripts are **\$14.00** per each transcript request. Please attach checks and money orders are to this form before submitting. Any request received without payment will not be processed.

I will pick them up at the Lowell campus  
Please mail them to the address(es) below

*If you wish Regis University to HOLD your transcript request until grades are posted, certificate or degree is awarded or until recording of teacher licensure recommendation, please do not complete this form, but order your transcript from [www.studentclearinghouse.org](http://www.studentclearinghouse.org).*

### 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: \_\_\_\_\_

Total number of transcripts requested: \_\_\_\_\_ at **\$14.00** a piece makes the total amount for this request: \_\_\_\_\_

Name/Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total number of transcripts requested: \_\_\_\_\_ at **\$14.00** a piece makes the total amount for this request: \_\_\_\_\_

**Total Number of Copies Requested:** \_\_\_\_\_ **Total Amount:** \_\_\_\_\_

### Regulations governing the release of transcript/s

- 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.
- Transcript requests by phone or e-mail are not accepted.
- Financial obligations to the University must be satisfied before transcripts are released.
- Transcript requests received by mail are mailed within 3 to 5 business days. Please allow at least two weeks for delivery.
- Transcripts cannot be faxed.** Same-day pick-up is available at the Lowell campus **only**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_

Total number of transcripts requested: \_\_\_\_\_ at **\$14.00** a piece makes the total amount for this request: \_\_\_\_\_

Name/Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total number of transcripts requested: \_\_\_\_\_ at **\$14.00** a piece makes the total amount for this request: \_\_\_\_\_

Name/Organization: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Total number of transcripts requested: \_\_\_\_\_ at **\$14.00** a piece makes the total amount for this request: \_\_\_\_\_