



# Transcript Request Form

**Please note:** Official transcripts will not be released if an academic account is on hold due to an unpaid financial obligation.

**A \$5.00 processing fee is required per copy. Mail completed form along with cash, check, or money order to the selected address below. Forms with credit card payment information may be faxed to the provided numbers below.**

### Student Information

Current name \_\_\_\_\_ Name while enrolled \_\_\_\_\_

Current address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last 4 Digits of SSN \_\_\_\_\_ Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ - \_\_\_\_\_ Graduation Date \_\_\_\_\_

### Official Copy of Transcript

Number of Copies Requested: \_\_\_\_\_

Please hold the transcript for pick-up:  (you will be contacted at the number provided above when available)

Please mail to the below address:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Authorization for Release of School/College Transcript

I, \_\_\_\_\_, authorize IntelliTec Colleges to release my transcript to the above named entity.  
(please print name)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### Payment Information - Select Payment Type

Credit Card

Cash

Money Order

Check

### Credit Card Payment Information

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_ CVV: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Full Address: \_\_\_\_\_

# of Copies	_____
X Fee	_____
Total	_____

I authorize IntelliTec Colleges to use the above credit card information for a one-time transaction for payment of all copies.

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

**IntelliTec College ABQ**  
Registrar's Office  
5001 Montgomery Blvd. NE, Suite A24  
Albuquerque, NM 87109  
Fax: 505-835-5071

**IntelliTec College CS**  
Registrar's Office  
2315 E Pikes Peak Ave  
Colorado Spring, CO 80909  
Fax: 719-213-2306

**IntelliTec College GJ**  
Registrar's Office  
772 Horizon Drive  
Grand Junction, CO 81506  
Fax: 970-243-8074

**IntelliTec College PB**  
Registrar's Office  
3673 Parker Blvd Suite 100  
Pueblo, CO 81008  
Fax 719-543-1056

*Office use only*

Date Received: \_\_\_\_\_

Tuition Acct: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Number of Copies Processed: \_\_\_\_\_

Payment type (Circle One) Cash Check # \_\_\_\_\_

Money order Credit Card