

Please write clearly (or type). To speed up the process, email this form to cbaca@iliff.edu; also print the form, sign it, and send with payment. Subsequent transcripts will not be sent until payment is received. Please allow 5 days to process.

Student ID (or SS#): _____ Last Date of Attendance _____ Degree Received: _____

Name: _____ Former Names: _____

Current Address: _____
Street City State Zip

Email: _____ Date Form Emailed to Registrar: _____

Signature/Authorization: _____

1. Mail # _____ transcripts to:

- Send each transcript in a separate sealed envelope
- Send Now Send after degree is posted

Please complete this mailing label by printing legibly within the box for a windowed envelope:

Name: _____

Address: _____

This transcript is released with the express understanding no further release of data in personally identifiable form will be made to any other party without obtaining consent of the student

Official Transcripts are \$10 each
 _____ # of transcripts to first address
 _____ Charge

Office Use: Date Sent _____

2. Mail # _____ transcripts to:

- Send each transcript in a separate sealed envelope
- Send Now Send at end of quarter Send after degree is posted

Name: _____

Address: _____

This transcript is released with the express understanding no further release of data in personally identifiable form will be made to any other party without obtaining consent of the student

Official Transcripts are \$10 each
 _____ # of transcripts to 2nd address
 _____ Charge
 _____ Total transcripts (#1 and #2)
 _____ Total payment due

Office Use: Date Sent _____

Office Use Only: Registrar _____

Business office: _____

Email, print and mail this document with signature and payment | email: cbaca@iliff.edu
 Office of the Registrar | Iliff School of Theology | 2323 E. Iliff Ave. | Denver, CO 80210