

Transcript Request Form

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
4575 San Mateo Blvd. NE Suite K
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: 970-797-1677

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

<i>Office use only</i>	
Date Received: _____	Tuition Acct: _____
Date Processed: _____	Number of Copies Processed: _____
Payment type (Circle One) Cash Check # _____	Money order Credit Card