



TRANSCRIPT REQUEST – Admissions & Records Office

Last Name (PLEASE PRINT) First Middle Other Names Used

Aims ID (or SSN) Date of Birth Year and Term Last Attended

Current Mailing Address Student Telephone Number

Update my address in your records

Student Signature (MUST BE SIGNED TO BE VALID)

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act, I authorize the release of my academic record to the individual indicated.

SEND _____ TRANSCRIPT(S) TO: (Print Name and Address)
No.

Fax: (970) 475-2356

Mail: Aims Community College
Attn: Transcripts
PO Box 69
Greeley, CO 80632

- (1) NO CHARGE FOR TRANSCRIPTS
- (2) All financial obligations must be cleared.
- (3) Requests must be made in writing by student.
- (4) Transcripts are normally issued within 3 work days after receipt of transcript request.

MUST CHECK ONE:

- Hold for _____ Term grades.
(Available 10 business days after end of term)
- Hold for degree.
(Available 20 business days after end of term)
- Will pick up transcript on _____
- Send transcript now.

You must present a valid Photo ID when issuing this request in person and when picking up a transcript.

OFFICE USE ONLY:

Date Received _____ By _____

Date Issued _____ By _____