



Transcript Request Form

There is a charge of \$5.00 per Official copy of a transcript. There is no charge for the Unofficial Copy. Please allow one week for processing

Student Information -- Please Print

Name _____ Former Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Birthdate _____ Program or Class _____ Last year attended _____ email: _____

Request #1

Mail/Email Transcript To or **Pick Up (date)** _____
 Sealed Official Transcript Copy School/Organization _____
 Hold for current semester's grade _____
 Hold until Certificate is recorded Address _____
 Unofficial Transcript City _____ State _____ Zip _____
 Fax Unofficial Transcript to: Fax _____ Email: _____

Request #2

Mail/Email Transcript To or **Pick Up (date)** _____
 Sealed Official Transcript Copy School/Organization _____
 Hold for current semester's grade _____
 Hold until Certificate is recorded Address _____
 Unofficial Transcript City _____ State _____ Zip _____
 Fax Unofficial Transcript to: Fax _____ Email: _____

Transcripts will not be provided for students with financial obligations to Pickens Technical College or any community college.

Pursuant to provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380, I grant permission for release of my academic record as indicated.)

Direct Inquiries to:

Transcripts
Pickens Technical College
500 Airport Blvd.
Aurora, CO 80011
Attn: Ericka Vigil
Phone: 303-326-2071
Fax: 303-326-1965
Email:
evigil1@aurorak12.org

If paying by debit/credit card over the phone, signature on this form is authorization for use of such card. Please call cashier at 303-326-2120 and provide over the phone: student name, credit card #, amount of payment, credit card billing zip code, name on the credit card.

Signature _____ Date _____

Office Use Only

Copies Requested _____ Amount Paid _____ Initial _____

Updated 3/14/2025