

College of Undergraduate Studies  
Transcript Request Form

Attention Registrar's Office: \_\_\_\_\_  
(Attending Institution)

Please send one (1) transcript for the following student:

\_\_\_\_\_  
Last First Middle

Name(s) used when attending the institution:  
\_\_\_\_\_

Dates of attendance – From: \_\_\_\_\_ To: \_\_\_\_\_

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

City, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security # or Student ID#: \_\_\_\_\_

**Please send Transcript to (choose one):**

Paper transcript mail address

Colorado Christian University  
CUS Office of Admissions  
8787 West Alameda Avenue  
Lakewood CO 80226

Electronic transcript e-mail address

[AdmissionsSupport@ccu.edu](mailto:AdmissionsSupport@ccu.edu)

Student signature: \_\_\_\_\_

*Please process this transcript request as soon as possible.  
Payment enclosed as required. Thank you!*