



Transcript Request Form

Student Information

Social Security Number (required) _____ Birthdate _____

Name _____ Former Name used at TSJC _____

Address _____ Dates of Attendance _____

City _____ State _____ Zip _____ Phone _____

Request

Sealed Copy

Hold for current semester's grade

Hold until degree is recorded

Hold for change of grade/incomplete: Course _____ Term _____

Changed from _____ to _____

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

Signature _____ Date _____

Mail Transcript To or Pick Up

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
FAX Number _____

NOTES:

- **Transcripts will not be provided for students with financial and other obligations to the college.**
- Please allow one week for processing
- View your records online at <http://www.trinidadstate.edu>, click "View Your Records."

Mail Transcript To or Pick Up

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
FAX Number _____

Direct Inquiries to:

Transcripts
Admissions and Records Office
Trinidad State Junior College
600 Prospect Street
Trinidad CO 81082
Phone: 719.846.5011 Fax: 719.846.5620

Mail Transcript To or Pick Up

Name _____
Organization _____
Address _____
City _____ State _____ ZIP _____
FAX Number _____

Or

Valley Campus - Admissions and Records Office
Trinidad State Junior College
1011 Main Street
Alamosa CO 81101
Phone: 719.589.7000 Fax: 719.589.7005

OFFICE USE ONLY

Printed _____ Date _____

Special Processing Fee: _____ Paid _____ Date _____