



**TRANSCRIPT REQUEST**  
**Admissions, Registration and 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

Web Form (Revised 2/27/17)

- (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 \_\_\_\_\_