

Transcript/Clinical Records Request Form

Incomplete forms may delay processing



Denver School of Nursing

Student Information

Name: _____ Former/Maiden Name: _____
Last 4 Digits of Social Security # _____ Date of Birth: _____
Current Address: _____
City: _____ State: _____ Zip: _____
E-Mail: _____ Phone: _____

Request and Delivery Options

Number of Transcript Copies Requested: [] Official [] Unofficial
[] Unofficial Transcript-FREE
[] Official Transcript- **\$10.00 per copy / FREE for Current Students**
[] Expedited Official Transcript: **\$13.00 per copy (Mailed within 1-2 business days)**
[] Copy of Clinical Records (immunization, etc.) - **\$10.00 per request / FREE for Current Students**
Clinical Record requested: _____

1. Please note that all transcript/Clinical record requests take 3-5 business days AND will not be available until payment is received.
2. All financial obligations must be met before transcripts will be released.
3. Transcripts held for pick-up in the Registrar's/Academic Support Office will be held no longer than 30 days.
4. Unofficial transcripts and copies of clinical records may be faxed or emailed. **Official transcripts will not be faxed or issued by email.**
5. Please make checks or money order payable to Denver School of Nursing and mail with this form or call 303-292-0015 ext. 3620 to pay by credit card or provide the necessary information below.

- [] Hold for pickup (Contact me by Phone or Email when ready)
[] Please mail transcript(s)/copy of clinical records to me using above address
[] Please email/fax copy of clinical records to the below:
[] Please mail transcript(s)/copy of clinical records directly to:

Recipient #1

Recipient #2

→Student Signature: _____ Date: _____←

(*Handwritten signature required for processing)

Mail this form to: Denver School of Nursing, Office of the Registrar, 1401 19th St., Denver, CO 80202

Fax this form to: 720-833-3916

Email this form to: AcademicSupport@edaff.com

Official Use Only:

Date Request Rec'd: _____ Date Payment Rec'd: _____

Date Mailed: _____ Mailed by: _____

Major Credit Card Number: _____ Exp. Date: _____

Cardholder Zip Code: _____ CVC Code: _____ Cardholder Phone: _____

Name of Cardholder: _____

All credit card information will be redacted once payment has been processed.