

OTERO JUNIOR COLLEGE TRANSCRIPT REQUEST

Name: _____ Date: _____

Other names used: _____

Social Security # or Student ID #: _____ Date of Birth: _____

Telephone Number: _____ Number of Copies: _____

- Immediately (allow two days for processing)
- At the end of the semester when grades are posted
- After degree is posted

Send transcript(s) to: _____

Signature _____

***** YOU MUST SIGN THIS DOCUMENT!!!*****

Mail This Form To:
OTERO JUNIOR COLLEGE
Transcripts and Records
1802 Colorado Ave
La Junta, CO 81050

Or Fax This Form To:
OTERO JUNIOR COLLEGE
(719) 384-6933