

**MONTEZUMA CORTEZ SCHOOL DISTRICT RE-1  
REQUEST FOR OFFICIAL TRANSCRIPT**

**Please fill out ALL requested fields as this will assist us in locating the requested transcript.**

**\*A copy of a valid photo identification is required\***

My dates of attendance were: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

**ALL Names used while attending school:**

Maiden Name (if any): \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Postal Address/Email/Fax transcript is to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date request taken: \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_

Date Transcript mailed: \_\_\_\_\_

**FAX REQUEST ATTN: Mark Knox @ 970-565-2161**

**EMAIL: [transcripts@cortez.k12.co.us](mailto:transcripts@cortez.k12.co.us)**

**(reply directly to the encrypted email this form is being sent from to maintain privacy)**

**OR MAIL: Montezuma Cortez School District RE-1, PO Box R, Cortez, CO 81321**