

# Official Transcript Request Form

Please note the following:

- The Personal Information Protection Act requires all requests for transcripts to be signed by the student. For this reason, telephone, e-mail, and third party requests cannot be accommodated. Due to the confidentiality of student records, transcripts are released only upon the formal request of the student.
- Transcripts will not be released if the student has a balance owing on his/her account.
- There is a \$10.00 charge for each requested transcript, Fees are paid upon submission of request
- Please allow 3-7 Business days for processing. Transcript will be processed in the order in which they were received.

<b>Personal Information:</b>			<b>Instructions:</b>		
_____			<input type="checkbox"/> Prepare transcript immediately		
Last Name	First Name	Middle Name	<input type="checkbox"/> Hold for final grades from this semester		
_____					
Street Address		City			
_____					
Province	Postal Code	Country			
_____					
Email		Phone Number			
_____					
Previous Student Name (if Applicable)		Date of Birth: (DD/MM/YYYY)			
_____		_____			
Enrolled from _____ To _____					

Send first transcript to:			Send second transcript to: (if applicable)		
_____			_____		
Name of institution/agency/individual			Name of institution/agency/individual		
_____			_____		
Mailing Address			Mailing Address		
_____			_____		
City	Province	Postal Code	City	Province	Postal Code
_____			_____		
Country	Fax #	Phone #	Country	Fax #	Phone #
_____			_____		
# of Copies	<input type="checkbox"/> Mail	<input type="checkbox"/> Mail & Fax	<input type="checkbox"/> Pick up	# of Copies	<input type="checkbox"/> Mail
	<input type="checkbox"/> Mail & Fax	<input type="checkbox"/> Pick up		<input type="checkbox"/> Mail	<input type="checkbox"/> Mail & Fax
				<input type="checkbox"/> Mail & Fax	<input type="checkbox"/> Pick up

<b>Payment:</b>		<b>Office Use Only:</b>	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit		Received : _____ Paid on: _____	
_____		Sent for Approval: _____ Sent: _____	
Card Number	_____ / _____	Action entered _____	
	Expiry Date:	Notes: _____	
Name on card		_____	