

OFFICIAL TRANSCRIPT REQUEST FORM

Complete information is required to proceed with your request.

Payment must accompany this request form at the time of submission.

\$5.00 per transcript for the first 5 copies / \$2.00 per transcript for additional copies

One complimentary official and unofficial transcript will be mailed in May to all graduates of that year.

Normal processing time for transcript requests is 5 business days. Email confirmation will be sent.

(Please print)

Student ID# (if known) _____

Birth date / ____ / ____ / ____ /
MM DD YY

Name: _____
Surname Given Name Middle Name

Address _____

Postal/Zip Code _____

Please indicate if this is your new address

Telephone (____) _____ Home/Bus./Cell _____ Email _____
(Circle one)

Last term enrolled _____ Degree obtained/Year _____

Signature _____ (required) Date of request _____

Total # of copies requested: _____

Payment by cheque cash credit card**
(**complete Credit Card Payment Authorization below)

Please check one

Pick up at Student Services main desk Mail to above address Mail to address(es) below

1. _____ 2. _____

Credit Card Payment Authorization

Visa MasterCard

Card # _____

Expiration Date _____ Amt of Payment \$ _____

Name appearing on card _____

Signature of Card Holder _____

