COLUMBIA BIBLE COLLEGE

# 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.**

**Personal Information:**

_____

Last Name First Name Middle Name

_____

Street Address City

_____

Province Postal Code Country

_____

Email Phone Number

_____

Previous Student Name (if Applicable) Date of Birth: (DD/MM/YYYY)

Enrolled from_____ To_____

**Instructions:**

☐ Prepare transcript immediately

☐ Hold for final grades from this semester

**Student Authorization:**

I hereby authorize Columbia Bible College to release my transcript(s).

_____

Signature

_____

Date

Send first transcript to:

_____

Name of institution/agency/individual

_____

Mailing Address

_____

City Province Postal Code

_____

Country Fax # Phone #

_____

# of Copies ☐ Mail ☐ Mail & Fax ☐ Pick up

Send second transcript to: (if applicable)

_____

Name of institution/agency/individual

_____

Mailing Address

_____

City Province Postal Code

_____

Country Fax # Phone #

_____

# of Copies ☐ Mail ☐ Mail & Fax ☐ Pick up

**Payment:**

☐Visa ☐Mastercard ☐Cash ☐Check ☐Debit (in person)

(Visa Debit not accepted)

_____ _____/_____

Card Number Expiry Date:

_____

Name on card

**Office Use Only:**

Received :_____ Paid on: _____

Sent for Approval:_____ Sent: _____

Action entered_____

Notes:_____

_____