

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:			Instructions:		
_____			<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:		

Name of institution/agency/individual		

Mailing Address		

City	Province	Postal Code

Country	Fax #	Phone #

Email Address _____		
# of Copies <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax <input type="checkbox"/> Pick up		

Send first transcript to:		

Name of institution/agency/individual		

Mailing Address		

City	Province	Postal Code

Country	Fax #	Phone #

Email Address _____		
# of Copies <input type="checkbox"/> Mail <input type="checkbox"/> Mail & Fax <input type="checkbox"/> Pick up		

Payment:	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> 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: _____	
