



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, incomplete request form won't 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 5-10 business days for processing. Transcript will be processed in the order in which they were recieved.

Personal Information:

Last Name	First Name	Middle Name

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

Email	Phone Number	

Street Address	City	

Province/ State	Postal Code	Country

Years Enrolled: _____ to _____		

Instructions:

Prepare transcript immediately
 Hold for final semester grades

Student Authorization:

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

Signature

Date

Send first transcript to:

Name of Institution/ Agency/ Individual		

Street Address	City	

Province/ State	Postal Code	Country

Phone Number	Fax Number	

Email Address		

Number of Copies Requested (10.00 fee for each transcript request).		
Please check off how you'd like your transcript(s) sent.		
<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Pick Up		

Send second transcript to:

Name of Insitution/ Agency/ Individual		

Street Address	City	

Province/ State	Postal Code	Country

Phone Number	Fax Number	

Email Address		

Number of Copies Requested (10.00 fee for each transcript request).		
Please check off how you'd like your transcript(s) sent.		
<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> 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: _____
