



OFFICIAL TRANSCRIPT REQUEST

Student Name _____

Student ID# _____ Program/Major _____

Email _____ Phone # _____

Request the following document:

- Official Transcript (processing fee is \$10/ copy). Official Transcripts will be released once payment has been received. Payment options available; Cash, Cheque, Money Order, Debit or Credit Card.

Please provide name and address of recipient institution: Fax to: Mail to: Pick up

- Other (please specify) _____

Signature _____ Date _____

Please submit completed form to Registrar's Office. Missing information may delay processing.

OFFICE USE ONLY

Accounting Dept:

Paid: Cash Cheque Visa M/C Debit M/O \$ _____ Signed By _____

Registrars Office:

Mailed Faxed Picked Up Date _____ Signed By _____