TRANSCRIPT REQUEST

REGISTRAR'S OFFICE

Algonquin College
1385 Woodroffe Ave
Ottawa, ON K2G 1V8
Fax: 613-727-7767

Algonquin College in the Ottawa Valley
316 Pembroke Street, East
Pembroke, ON K8A 3K2
Fax: 613-735-4739

Algonquin College Heritage Institute
7 Craig Street
Perth, ON K7H 1X7
Fax: 613-267-3950

Algonquin Student No.:

Date of Birth

_____ _____ _____
Day *Month* *Year*

STUDENT'S FULL NAME AND ADDRESS PRINT IN BOX ONLY

Name		
Address		City
Province	Postal Code	Country

Please Read Before Completing/Returning Form

- Request form must be completed in full.
- Transcript(s) to be picked up will be released only upon presentation of appropriate identification or written authorization to release to a third party.
- Students may only receive an unofficial copy of their transcript(s); official copies are sent directly to another institution, business, organization, or third party.
- Names and addresses must be printed clearly for mailing in window envelopes.
- Return all portions of this form.

Your Request Instructions:

- ❑ Hold for completion of **current** term. (Transcript(s) will be sent out after all grades have been entered. If you are graduating, transcripts will be held until graduate status is confirmed.

Destination (choose only one option):

- ❑ I will pick up
- ❑ To be mailed to address indicated in student address box
- ❑ To be mailed to address indicated in Third Party Destination Information Box

Use one request form for each destination

_____
Student signature

Today's Date: _____
Day *Month* *Year*

Current Telephone No. _____
Area Code *Phone Number*

Number of transcript(s) required: _____

Did you attend Algonquin College prior to the Fall Term 1987? ❑ yes ❑ no

Currently registered at Algonquin? ❑ yes ❑ no

Are the transcripts for Co-op? ❑ yes ❑ no

_____
Surname under which you last attended Algonquin College

YOUR REFERENCE NUMBER: _____
(Application or Student Number at destination)

PRINT CLEARLY IN BOX ONLY

TRANSCRIPT REQUEST TO BE MAILED TO
(FULL/COMPLETE NAME AND ADDRESS)

THIRD PARTY DESTINATION INFORMATION:

Institution		
Address		City
Province	Postal Code	Country

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Processed by: _____ Date: _____

❑ CE Cyber ❑ Day Cyber ❑ GeneSIS ❑ MI

❑ Picked up _____ (staff initial)

Recipient: white copy - Student: yellow copy - Registrar's Office: pink copy