

**REGISTRAR'S OFFICE**

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

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

Algonquin Student No.

Date of Birth

Day Month Year

TRANSCRIPT REQUEST

YOUR REFERENCE NUMBER _____

(Application or Student Number at Destination)

PRINT CLEARLY IN BOX ONLY
TRANSCRIPT REQUEST TO BE MAILED TO:
(full name and address)

Institution		
Address		City
Prov.	Postal Code	Country

Hold for completion of **current** term. (Transcript 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 me at the address below

To be mailed to the name and address above (Use one request form for each destination)

STUDENT'S FULL NAME AND ADDRESS PRINT IN BOX ONLY

Name		
Address		City
Prov.	Postal Code	Country

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

Please Read Before Completing This 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 receive only 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.

Student signature

Current telephone number

Today's date

Number of transcript(s) required _____

Did you attend Algonquin College prior to the Fall Term 1987

yes no

Currently registered at Algonquin

yes no

For Co-op

yes no

Surname under which you were last registered

FOR OFFICE USE ONLY

Received by: _____ Date: _____

Processed by: _____ Date sent: _____

CE Cyber Day Cyber Genesis MI

Picked up _____ Initial