

# TRANSCRIPT REQUEST FORM

**TAYLOR COLLEGE**

**Fax 780-436-9416**

## GENERAL INFORMATION:

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden or Alternate Name
(_____)_____	(_____)_____		
_____	_____	_____	_____
Home Phone Number	Cell Number	Birth date (Month/Day/Year)	
_____	Attended College: <input type="checkbox"/> Prior to 1986 <input type="checkbox"/> 1986 to present		
_____	ID Number		
_____	_____		
Signature	Current Date		

## MAILING INSTRUCTIONS: Check the appropriate box or boxes.

- Process immediately       Process at end of semester       Hold for graduation notation

There is a charge of \$10.00 per transcript. For additional transcripts requested at the same time the fee will be \$5.00 per additional transcript. Transcript requests will not be processed until all Taylor College accounts and transcript fees have been paid in full.

**Allow two (2) business days for processing after all fees have been paid.**

Method of Payment:       Visa/Mastercard – number \_\_\_\_\_      Expiry Date \_\_\_\_\_  
 Cheque Enclosed       Cash

Number of transcripts requested: \_\_\_\_\_

## DESTINATION INFORMATION: For each applicable option – indicate the number of transcripts required:

# of copies

_____	Put in student mailbox # _____		
_____	Will pick up at the TAYLOR General Office on _____		
_____	Fax copy to: _____ @ fax no. _____		
_____	Mail [provide complete address information]		
_____	_____	_____	_____
Name/Institution	Attention/Department		
_____			
Mailing Address			
_____	_____	_____	_____
City	Province	Postal Code	
_____	Mail [provide complete address information]		
_____	_____	_____	_____
Name/Institution	Attention/Department		
_____			
Mailing Address			
_____	_____	_____	_____
City	Province	Postal Code	

**OFFICE USE:**  Process by \_\_\_\_\_ Date \_\_\_\_\_

Amount owing for request: \$ \_\_\_\_\_ Paid by:  cheque  cash  MC  Visa  Interac