

TRANSCRIPT REQUEST FORM

Ph: 780-431-5200 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) _____
 Email Address: _____

TRANSCRIPT request for: [Check the appropriate box(es)]

COLLEGE/UNIVERSITY (formerly NABC/CTI) Attended: Prior to 1986 1986 to present 1999 - Present
 SEMINARY (formerly EBS) Attended: Prior to 1986 1986 to present 1999 - Present

Signature _____

Current Date _____

MAILING INSTRUCTIONS [Check the appropriate box(es)]

Process immediately Process at end of semester Hold for graduation notation

There is a charge of \$12.00 per transcript. For additional transcripts requested at the same time the fee will be \$6.00 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: Cheque Enclosed Cash

Visa/Mastercard – Number: _____ Expiry Date: _____
(if preferred, you may phone in your credit card number)

Number of transcripts requested: _____

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

of copies (NOTE: Faxed copies are not official)

_____ Put in student mailbox # _____

_____ Will pick up at the TAYLOR General Office on _____

_____ Fax copy to: _____ @ fax # _____

Mail _____ copies to address below:

Name/Institution _____

Attention/Dept. _____

Mailing Address _____

City _____

Prov. _____ Postal Code _____

Mail _____ copies to address below:

Name/Institution _____

Attention/Dept. _____

Mailing Address _____

City _____

Prov. _____ Postal Code _____

OFFICE USE:

Amount owing for request: \$ _____

Paid by: Cheque Cash MC Visa Debit

Mailed Faxed Picked up on (date) _____

Processed by: _____