## TRANSCRIPT REQUEST FORM

**TAYLOR College & Seminary**  
11525 – 23 Ave. NW, Edmonton, Alberta T6J 4T3  
Phone: 780-431-5201  
Fax: 780-436-9416  
Email: Ai.Hayashizaki@Taylor-Edu.ca

### GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden or Alternate Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Phone Number  
EMAIL address  
Birth date (Month/Day/Year)

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

- [ ] COLLEGE/UNIVERSITY (formerly NABC/CDI)  
  Attended:  
  - [ ] Prior to 1986  
  - [ ] 1986 to present  
  - [ ] 1999 - Present

- [ ] SEMINARY (formerly EBS)  
  Attended:  
  - [ ] Prior to 1986  
  - [ ] 1986 to present  
  - [ ] 1999 - Present

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**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 ten (10) 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:  

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

<table>
<thead>
<tr>
<th># of copies</th>
<th>(NOTE: Faxed copies are not official)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Will pick up at the TAYLOR General Office on _____________________________</td>
</tr>
<tr>
<td></td>
<td>Fax copy to: ___________________________ @ fax #__________________________</td>
</tr>
</tbody>
</table>

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 ____________

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**OFFICE USE:**  
Amount owing for request: $__________  
Paid by:  
- [ ] Cheque  
- [ ] Cash  
- [ ] MC  
- [ ] Visa  
- [ ] Debit

- [ ] Mailed  
- [ ] Faxed  
- [ ] Picked up on (date) ____________________________  
- [ ] Processed by ____________________________