# TRANSCRIPT REQUEST FORM

**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden or Alternate Name</th>
</tr>
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<tbody>
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(______)_________________ ______________________________ (_______)_________________

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

_________________________________________________________ ______________________________________________

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 5 - 10 business days for processing after all fees have been paid.**

Method of Payment: [ ] Cheque Enclosed [ ] Cash [ ] E-transfer (Jacqueline.Sthankiya@taylor-edu.ca)

- [ ] 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:

<table>
<thead>
<tr>
<th># of copies</th>
<th>(NOTE: You will receive a scanned image when your transcript is processed. Scanned/faxed copies are not official.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>Email the scanned image to ___________________________ at Email address ____________________________________________</td>
</tr>
<tr>
<td>_______</td>
<td>Will pick up at the TAYLOR General Office on ___________________________ @ fax # ________________________________</td>
</tr>
<tr>
<td>_______</td>
<td>Fax copy to: ___________________________ @ fax # ________________________________ @ fax # ________________________________</td>
</tr>
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Mail _____ copies to address below:

Name/Institution  __________________________________________________________

Attention/Dept.  __________________________________________________________

Mailing Address  __________________________________________________________

City  _____________________ Postal Code  ________________

Prov.  _____________________

Mail _____ copies to address below:

Name/Institution  __________________________________________________________

Attention/Dept.  __________________________________________________________

Mailing Address  __________________________________________________________

City  _____________________ Postal Code  ________________

Prov.  _____________________

**OFFICE USE:**

Amount owing for request: $_________ Paid by: [ ] Cheque [ ] Cash [ ] MC/Visa [ ] E-transfer [ ] Debit

[ ] Mailed [ ] Faxed [ ] Picked up on (date) ____________________________

[ ] Processed by ____________________________