

TRANSCRIPT REQUEST FORM

TAYLOR UNIVERSITY COLLEGE

Fax: 780.436.9416

GENERAL INFORMATION:

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden or Alternate Name
(_____)_____	(_____)_____	_____	
Home Phone Number & Area Code	Alternate Phone 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

- Process Immediately: Allow 2 business days for processing AFTER receipt of request and all fees have been paid
- Process at End of Semester
- Hold for Graduation Notation

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

Number of University College transcripts requested: _____

OFFICE USE: Account checked by _____

Date account and fees are cleared and request is passed to Registrar: _____

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

DESTINATION INFORMATION: For each applicable option –indicate the number of University College 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