

# TRANSCRIPT REQUEST FORM

**TAYLOR College & Seminary**

11525 – 23 Ave. NW, Edmonton, Alberta T6J 4T3

Phone: 780-431-5201 Fax: 780-436-9416

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## GENERAL INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Name Maiden or Alternate Name

(\_\_\_\_\_) \_\_\_\_\_  
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 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: \_\_\_\_\_

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

# of copies (NOTE: Faxed copies are not official)

\_\_\_\_\_ 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 \_\_\_\_\_