

# Online Transcript Request

**TRANSCRIPTS WILL NOT BE PROCESSED IF THERE IS AN OUTSTANDING BALANCE IN THE ACCOUNT**

**Note:** Transcripts requested will be processed within five business days of receipt of this completed form. For any same day service, there will be an additional \$25 priority service fee. Requests received after 3pm (EST) will be processed the following morning.

Requesting Priority fee \$25 ☐

**Applicant Information (Please Print)**

**Date of Request:**

Last Name

Given Name

Student ID#

**Reason for Request:**

- ☐ University  
☐ College  
☐ Visa/Study Permit Renewal  
☐ Other (Please specify) \_\_\_\_\_

**Distribution Information (Authorization)**

I, the undersigned, hereby authorize Columbia International College to release a copy of my Transcript (s) as indicated below:

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

**PICKUP**

☐ By Applicant ☐ By Other (Please Indicate Full Name of Authorized Person) \_\_\_\_\_

**Please Note:** Applicant must present their Photo ID to obtain their Transcript at the Academic Office. If pickup is made by an Authorized person, they must show one piece of photo identification and a written letter of authorization.

Number of Copies Required: \_\_\_\_\_ Transcript # \_\_\_\_\_ x \$5/each \$ \_\_\_\_\_

**FAX/EMAIL SERVICE**

☐ To Applicant ☐ To Other \_\_\_\_\_  
 (Please Indicate Full Name of the Recipient and Department Information)

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ (\$5 Service Fee) \$ \_\_\_\_\_

**MAIL/COURIER SERVICE**

Name of University/College/Other: \_\_\_\_\_

Department/Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Mandatory when choosing Courier Services)

**Number of Copies Required:**

Transcript # \_\_\_\_\_ x \$5/each

**Delivery Instructions:**

- ☐ Regular Mail ☐ Courier Shipment in Canada - \$25  
☐ Courier Shipment NOT in Canada - \$60

\$ \_\_\_\_\_

**MAIL/COURIER SERVICE (Cont'd.)**

Name of University/College/Other: \_\_\_\_\_

Department/Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ (Mandatory when choosing Courier Services)

**Number of Copies Required:**

Transcript # \_\_\_\_\_ x \$5/each

**Delivery Instructions:**☐ Regular Mail☐ Courier Shipment in Canada - \$25☐ Courier Shipment NOT in Canada - \$60

\$ \_\_\_\_\_

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\$ \_\_\_\_\_

**FOR OFFICE USE ONLY (To be completed by Office Personnel)****PLEASE PROCESS TRANSCRIPT  
THERE IS NO BALANCE OWING IN THE ACCOUNT**\_\_\_\_\_  
(Signature of Finance Personnel)

TOTAL COST \$ \_\_\_\_\_

RvSDL2016Mar22