



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	Reason for Request:	
Given Name	<input type="checkbox"/> University	
Student ID#	<input type="checkbox"/> College	
	<input type="checkbox"/> Visa/Study Permit Renewal	
	<input type="checkbox"/> 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 \$ _____

Name of University/College/Other: _____

Department/Contact Person: _____

Mailing Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

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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 \$ _____

FOR OFFICE USE ONLY (To be completed by Office Personnel)

PLEASE PROCESS TRANSCRIPT
THERE IS NO BALANCE OWING IN THE ACCOUNT

TOTAL COST \$ _____

(Signature of Finance Personnel)