



Mid-Term Report/Transcript Request

TRANSCRIPTS WILL NOT BE PROCESSED FOR STUDENTS WITH OUTSTANDING FEES

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 will be processed the following morning.

Requesting Priority fee \$25

Applicant Information (Please Print)

Date of Request: _____

Last Name	Reason for Request: <input type="checkbox"/> University outside of the Province of Ontario <input type="checkbox"/> College <input type="checkbox"/> Visa/Study Permit Renewal <input type="checkbox"/> Other (Please specify) _____
Given Name	
Student ID#	

Distribution Information (Authorization)

I, the undersigned, hereby authorize Columbia International College to release a copy of my Mid-term report (s)/Trancript (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 Mid-term Report/Final 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 from the applicant.

Number of Copies Required: Mid-term Report # _____ x \$5/each \$ _____
Final Transcript # _____ x \$5/each \$ _____

FAX/Email

To Applicant To Other _____
(Please Indicate Full Name of the Recipient and Department Information)

Choose type of Report/Transcript to send: Mid-term Finals

Fax Number: _____

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

UNIVERSITY PLACEMENT OFFICE (SPECIAL SERVICE REQUEST)

Only complete this section if it is a mandatory request from the Universities/Colleges for the school to email or upload your transcript. Visit your University Placement Counselor for any questions in regards to this special service request.

Name of University/College:

Email Address:

1. _____

2. _____

3. _____

4. _____

Choose type of Report/Transcript to send: Mid-term Finals (\$5 Service Fee) \$ _____

STUDENT USING MAIL OR COURIER SERVICES
(PLEASE CHECK THE BOX IF YOU ARE)

MAIL/COURIER SERVICES

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:
Mid-term Report # _____ x \$5/each
Final 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: _____

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PLEASE PROCESS TRANSCRIPT
THERE IS NO BALANCE OWING

TOTAL COST \$ _____

(Signature of Finance Personnel)

Rvsd|2016Mar22