

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 _____

Given Name _____

Student ID# _____

Reason for Request:

☐ University outside of the Province of Ontario

☐ 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 Mid-term report (s)/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 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: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Phone Number: _____ (Mandatory when choosing Courier Services)

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Final Transcript # _____ x \$5/each

Delivery Instructions:☐ Regular Mail ☐ Courier Shipment in Canada - \$25☐ Courier Shipment NOT in Canada - \$60 \$ _____☐ PLEASE PROCESS TRANSCRIPT
THERE IS NO BALANCE OWING

TOTAL COST \$ _____

(Signature of Finance Personnel)

Rvsd|2016Mar22