

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

**Note:** Transcripts requested will be processed within 5 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.

**\*Due to COVID-19, only email transcript requests are currently being processed.**

Requesting Priority fee \$25

**Application Information (Please Print)**

Last Name

Given Name

Student ID Number

**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)

**EMAIL SERVICE**

☐ **TO APPLICANT**

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

☐ **TO OTHER**

**Full Name of Recipient and Department Information:**

**Email Address:**

1. \_\_\_\_\_ (\$5 Service Fee)

2. \_\_\_\_\_ (\$5 Service Fee)

3. \_\_\_\_\_ (\$5 Service Fee)

☐ **TO UNIVERSITY/COLLEGE**

**Name of University/College:**

**Email Address:**

1. \_\_\_\_\_ (\$5 Service Fee)

2. \_\_\_\_\_ (\$5 Service Fee)

3. \_\_\_\_\_ (\$5 Service Fee)

4. \_\_\_\_\_ (\$5 Service Fee)

5. \_\_\_\_\_ (\$5 Service Fee)

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

☐ **PLEASE PROCESS TRANSCRIPT**

\_\_\_\_\_  
(Signature of Finance Personnel)

**TOTAL COST \$**

\_\_\_\_\_