

# Offical Transcript Request

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

**Note:** Transcript requests submitted under the Regular Service will be processed within 5 business days.  
Requests submitted under the Express Service Fee will be processed within 1 business day.  
Urgent requests should be noted at the time of submission; however, same-day processing cannot be guaranteed.

Requesting Express Service \$25 ☐

**Application Information (Please Print)**

Last Name	<b>Reason for Request:</b> <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Visa/Study Permit Renewal <input type="checkbox"/> Other (Please Specify) _____
Given Name	
Student ID Number	

**Distribution Information (Authorization)**

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

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

**PICKUP**

☐ **BY APPLICANT** ☐ By Other (Please Indicate Full Name of Authorized Person)

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

**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 per Transcript \$ \_\_\_\_\_

**EMAIL SERVICE (\$5 Per Email)**

☐ **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)

☐ **TO UNIVERSITY/COLLEGE**

Name of University/College:	Email Address:	
1. _____	_____	(\$5 Service Fee)
2. _____	_____	(\$5 Service Fee)
3. _____	_____	(\$5 Service Fee)

MAIL/COURIER SERVICE - 1

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 per Transcript

Delivery Instructions:

- ☐ Regular Mail (Canada Post — recommended within Canada only)
- ☐ Courier Shipment in Canada - \$28
- ☐ Courier Shipment (Outside Canada) – \$90

MAIL/COURIER SERVICE - 2

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 per Transcript

Delivery Instructions:

- ☐ Regular Mail (Canada Post — recommended within Canada only)
- ☐ Courier Shipment in Canada - \$28
- ☐ Courier Shipment (Outside Canada) – \$90

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

☐ PLEASE PROCESS TRANSCRIPT

\_\_\_\_\_

(Signature of Finance Personnel)

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