

Request for Transcript

GEORGIAN

YOUR COLLEGE · YOUR FUTURE

PLEASE PRINT — INCOMPLETE OR INCORRECT INFORMATION WILL CAUSE DELAYS IN PROCESSING

Date Mailed

RETRIEVAL INFORMATION

Payment

Ms Mr
 Miss Mrs

Last Name

First Name

Middle Name

Previous Name(s) (if applicable)

Student # Date of Birth E-mail Address
(required) YYY/YY/DD

Current Mailing Address Apt # Street Address City

Province

Country

Postal Code

Daytime Telephone #

If NOT a current student, state last year of attendance:

Programs

MAILING INSTRUCTIONS

If applying through OCAS - use online request at: ontariocolleges.ca

Send Transcript to:

- As soon as possible **OR**
- Final grades for current term **OR**
- Final grades once graduate status determined

Please Fax Transcripts #
(extra charges apply)

CHARGES

- Fees for transcripts: \$10 per set. No personal cheques accepted. Payment must be made prior to processing of request.
- Transcripts will not be issued until all outstanding financial obligations to the College have been cleared.
- Official transcripts must be sent directly to another university, college, or organization. Official transcripts may be ordered for personal use and will be stamped "Issued to Student".
- High school transcripts and other documents on file cannot be released by this office. Contact your high school Guidance office for school records. For transcripts from another university or college, contact the Office of the Registrar at that institution.
- Student records are confidential. Transcripts are issued only upon the written request of the student and may take up to two weeks to process.

EXTRA CHARGES

Fax: \$2 minimum or \$1 per page.

Special Handling: Costs will vary depending on destination. Please check with the Office of the Registrar.

Extra charges are over and above transcript fee.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT: The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1980, Chapter 272, S.S.; R.R.O. 1980 Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. For further information, please contact the Registrar at the address and telephone number listed on this page.

I certify that the above information is true and complete. I have read and understand the Freedom of Information and Protection of Privacy Statement.

Signature of Applicant

Date

Method of Payment (for office use only)

Cash (do not send cash in the mail) Certified Cheque/Money Order MasterCard Visa American Express

Credit Card # Expiry Date

Cardholder Name (if different from student)