Transcript Request Form

Office of the Registrar
MAILING ADDRESS: P.O. BOX 2503
NEW WESTMINSTER, B.C. V3L 5B2

Douglas College

Date Received:
Registrar's Office

Today's Date:(eg. 15JAN2005)

STUDENT NUMBER

Cost for a transcript is $5.00 for each copy. For same day service the cost is $25.00 for each copy. Transcripts will only be released upon presentation of appropriate identification or signed letter of permission. All obligations relating to fees, library books, or borrowed equipment must be met before any transcripts will be released.

Last Name	**First Name**	
Name while attending Douglas was: (if different from above)		
Street	**City**	**Province**
Postal Code	**Phone No.**	**Birthdate: (01FEB1978)**
Please update my address on file: ☐ **Yes** ☐ **No**		

Transcript Type:

☐ Credit ☐ Continuing Education (CE) ☐ Training Group

Check one or more, indicate number of copies:

☐ Transcripts to be mailed to above address	No. of copies:	
☐ Do not mail - Student will pick up (allow one week) Pick Up Location: ☐ New Westminster ☐ David Lam	No. of copies:	
☐ Transcripts to be mailed to destination below	No. of copies:	
☐ Same day service - Pick up only Pick Up Location: ☐ New Westminster ☐ David Lam	No. of copies	
Total number of copies required		

Check one only:

- ☐ Prepare transcripts immediately
- ☐ Hold for final results from ☐ Fall Sept.-Dec. ☐ Winter Jan.-Apr. ☐ Spring Mar.-June ☐ Summer May-Aug.
- ☐ Hold for course grade changes (indicate courses) _____
- ☐ Hold for Graduation ☐ February ☐ June

Check one or more: (All transcripts will be sent to the Registrar's Office, unless indicated below.)

☐ SFU ☐ UBC ☐ UVIC ☐ Other: (out of Province, please provide addresses)

_____

Student Signature

OFFICE USE ONLY

☐ CASH ☐ CHEQUE ☐ M/C ☐ VISA

☐ INTERAC $ _____ AMOUNT PAID

VISA / MC # _____ EXP: ___/___ month year