



Office of the Registrar
REQUEST FOR TRANSCRIPT

ADMISSIONS & RECORDS OFFICE

301 Frank Beinder Way ♦ Castlegar BC V1N 3J1 ♦ Tel. (250) 365-1259 ♦ Fax. (250) 365-3929

PLEASE PRINT CLEARLY

I, _____, request _____ copy/copies of my Selkirk College official transcript to be prepared for the following (see SEND TO area below). A transcript in a sealed envelope will be issued to the student if requested. Breaking of the seal before it reaches the intended recipient invalidates the transcript.

STUDENT NUMBER: [grid]

SIN: [grid]

STUDENT'S FULL NAME AND ADDRESS (Please print name and address.)

NAME
STREET
CITY PROVINCE POSTAL CODE

- PLEASE PREPARE AS SOON AS POSSIBLE
Hold for grades: (Fall, Winter, Spring)
I will pick up on: (Allow One Week)
Fax to (number): (Add \$2 to basic charge)
Transcripts to be mailed to me
Transcripts to be mailed to other address (use one request form for each destination)

SEND TO: (Please print name and address.)

NAME OF INDIVIDUAL OR DEPARTMENT
INSTITUTION OR COMPANY
STREET ADDRESS
CITY PROVINCE POSTAL CODE

VISA OR MASTERCARD #
EXPIRY DATE
MON YR

NAME OF CARD HOLDER: _____

Issued By: _____

Transcript Sent: _____

BIRTH DATE:
YEAR MONTH DAY

I ATTENDED SELKIRK COLLEGE:

- before 1979
1979 to present

CAMPUS:

- Castlegar Nelson Trail
DTUC Other:

PLEASE READ BEFORE COMPLETING THIS FORM.
Transcript Request must be completed in full.
Payment for each request must be made before a transcript will be issued.
Transcripts are \$5.00 each payable in advance.
All obligations relating to fees, library books, rentals or borrowed equipment must be met before any statements of grades, transcripts, or credentials will be released.
Transcripts will only be released to a third party upon presentation of written authorization from the student.
Names and addresses must be printed clearly for mailing in window envelopes.
Return all portions of this form.
Overpayment of less than \$5.00 will not be returned.

Signature of Student

Current Telephone

Date