Transcript Request Form

Academic Services
510 College Drive, Caronport, SK S0H 0S0
Phone: 1-800-645-2275
Fax: 306-756-5503
Email: academicservices@briercrest.ca

*Under Saskatchewan's Freedom of Information and Protection of Privacy Act, this form **must be completed and signed** in order for academic information to be released. Telephone requests will not be accepted. Transcripts will not be released if the student has an outstanding financial obligation to the college or seminary. We do not release transcripts or copies of transcripts from other institutions.*

Student Name (Last, First, Middle):		Previous Last Name (if applicable):
Current Mailing address (Street, City, Province, Postal Code):		Date of birth (mm/dd/yyyy): Years attended BCS: _____ to _____
Phone number:	Fax number:	Email address:

Requesting transcript(s) from school(s): ☐ College ☐ Seminary ☐ Distance Learning

Send transcript(s): ☐ Immediately **AND/OR** ☐ After current semester marks are posted

OFFICIAL TRANSCRIPT ORDER ($8.00 per copy):

To: ☐ My address above in a sealed envelope [# of copies: _____] **AND/OR** ☐ The address(es) below

Institution:		Institution:	
Attn:		Attn:	
Address:		Address:	
	No. of copies:		No. of copies:
Fax advance copy to:		Fax advance copy to:	

UNOFFICIAL TRANSCRIPT ORDER ($8.00 per copy):

☐ Please send me a personal, **unofficial** copy of my transcript (without registrar's signature and seal) to my

☐ mailing address ☐ fax number ☐ email address in .PDF format

Transcript Fees: *Briercrest College and Seminary accepts **cash, debit, cheque, money order, or credit card (Visa or MasterCard only)**. Fees cannot be charged to a student account.*

Credit card number: | | | | | | | | | | | | | | | | Type: ☐ MasterCard ☐ Visa | Expiry date (mm/yy): | | / | |

OR
☐ Cheque/M.O. enclosed
☐ Cash payment

Total transcript fee:
$

Student signature:

Office Use
Date Rec'd:_____ Date Sent: _____ Credit hrs: _____ Mailed By: _____ Payment Rec'd: _____