



3100 Foul Bay Road  
Victoria, B.C. V8P 5J2  
Phone 250-370-3562

# Official Transcript Request

**TO BE USED ONLY FOR MAIL REQUESTS**

**Complete one request form for each destination.**

### Three ordering options:

- Online Order:** go to CAMLINK ([camosun.ca/Camlink](http://camosun.ca/Camlink)) • produced within three business days (**\$10** per copy)
- In-person/mail REGULAR** • produced weekly on Wednesdays: form must be submitted by the Thursday prior to production (**\$20** per copy)
- In-person RUSH** • produced within 24 hrs during business days (**\$30** per copy)

Student Number (if known)

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Birthdate

mm		day		yr	

STUDENT'S FULL NAME AND ADDRESS (print clearly)

NAME			
STREET			
CITY		PROVINCE	POSTAL CODE
TELEPHONE		EMAIL	

Please update my mailing address to above  Yes  No

PREVIOUS NAME (if applicable) \_\_\_\_\_

NUMBER OF COPIES  Choose ONE:  Regular (**\$20** per copy)  Rush (**\$30** per copy)

CHOOSE ONE of the following FOUR delivery options:

- Pick-up (check one):**  Lansdowne  Interurban
- Mail via Canada Post (check one):**  Address ABOVE  Address BELOW
- Fax and Mail via Canada Post (\$3.00 per fax, plus transcript costs):**  
Fax Number: \_\_\_\_\_ Attn: \_\_\_\_\_
- Courier service – priority delivery (cannot deliver to P.O. Box)**  
**This is in addition to transcript costs.**

(check one):  \$20.00 Canada  \$30.00 U.S.  \$50.00 International

**AND** Send to (check one):  Address ABOVE  Address BELOW

**AND** Receiving institution/company's phone number: \_\_\_\_\_ REQUIRED

**NOTE** The courier company will use your email address to send you tracking information. Clearly print email address above.

**NOTE** University of Victoria (UVIC) requests – Camosun delivers directly to UVIC. Choose MAIL VIA CANADA POST.

TRANSCRIPT TO BE MAILED TO: (full name and address)

INDIVIDUAL / DEPARTMENT		
INSTITUTION / COMPANY		
STREET ADDRESS		
CITY	PROV.	POSTAL CODE

### PLEASE READ BEFORE COMPLETING THIS FORM

Transcript Forms must be completed in full. • Payment for each request must be made before a transcript will be issued. Transcripts will not be released with outstanding tuition/fees or fines at Camosun College.

Names and addresses must be printed clearly. Return all portions of this form.

STUDENT SIGNATURE \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

Transcripts will be released only upon presentation of appropriate photo identification, letter of permission, or following authorization.

I hereby authorize \_\_\_\_\_ to pick up my transcript.

Include **CE Classes** (taken through Continuing Education • [camosun.ca/ce](http://camosun.ca/ce))

LAST PROGRAM ENROLLED IN \_\_\_\_\_

LAST DATE ATTENDED \_\_\_\_\_  
Month Year

**OR** CURRENTLY ATTENDING  yes

VISA  MASTERCARD  AMEX  JCB

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Security Code: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_ OFFICE USE ONLY