CAMOSUN COLLEGE

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.**

Student Number (if known)

| C | | | | | | | |
|---|---|---|---|---|---|---|---|

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:**

1. ☐ **Pick-up (check one):** ☐ Lansdowne ☐ Interurban
2. ☐ **Mail via Canada Post (check one):** ☐ Address ABOVE ☐ Address BELOW
3. ☐ **Fax and Mail via Canada Post ($3.00 per fax, plus transcript costs):**

   Fax Number: _____ Attn: _____
4. ☐ **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 |

**Three ordering options:**

1. Online Order: go to CAMLINK (camosun.ca/Camlink) • produced within three business days (**$10** per copy)
2. In-person/mail REGULAR • produced weekly on Wednesdays: form must be submitted by the Thursday prior to production (**$20** per copy)
3. In-person RUSH (Lansdowne Campus only) • produced while you wait (**$30** per copy)

**PLEASE READ BEFORE COMPLETINGTHIS 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*)

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: _____

*OFFICE USE ONLY*

DATE ISSUED: _____

Student Services\Registration\Student Services Forms\transcript\ReqOffTranscriptJan2014-OnLineVer.indd