

TRANSCRIPT REQUEST

- **The Personal Information Protection and Electronic Documents Act require that the student sign all requests for transcripts.** For this reason, telephone, email requests and third party requests cannot be accommodated. Because of the confidentiality of student records, transcripts are released only upon the formal request of the student.
- Transcripts will not be released if the student has a balance owing on his/her account.
- Transcript fees are paid upon submission of the transcript request:
 - \$20.00 for one transcript and \$10.00 for each additional transcript ordered at the same time (official and unofficial)
 - If courier within Canada is required please enquire regarding extra costs.

• Personal Information

Full Legal Name _____
Last First
 Previous student name (if changed) _____
 Current Mailing Address _____
Address Street City Prov/State Postal/Zip
 Phone (____) _____ email _____
 Birth date _____ Attended from _____ to _____
Month/Day/Year Year Year
 My LAST year at Bethany I was a _____ 1st _____ 2nd _____ 3rd _____ 4th year student.

B. Transcript Request (include numbers of copies)

_____ copy/s of Official Transcript _____ copy/s of Unofficial Transcript

Official transcripts bear the Registrar's signature and college seal and are delivered in a sealed envelope.
 Unofficial transcripts do not bear the Registrar's signature or seal.

C. Transcript Delivery

- I will pick up my transcript
 Please mail my transcript(s) to:

College Name _____ Phone: (____) _____
 Mailing Address _____
 City _____ Prov/State _____ Postal/Zip _____

- Please courier my transcript(s) to the above address.

D. Student Authorization:

I hereby authorize the release of my transcripts as per my request above and agree to pay the related fees.
 (Note: transcripts may not be released without the signature of the student.)

_____ Student Signature _____ Print Name _____ Date _____

If paying by Credit Card:

Card # _____ Expiry Date _____ Name on Card _____
 CVC _____

Cheque/Money Order Enclosed
 Cash Payment (if hand delivered)

FOR OFFICE USE ONLY

Date received _____ Date sent _____ By _____

Amount _____ AR holds checked _____ Payment received _____



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