

Document Request



Due to privacy regulations, this request must be made by the student.
If a financial balance exists, documentation **will not** be released.

Please Note: Requests can require up to five business days to process.

I am requesting:

_____	Official Transcript	Number of Copies: _____
_____	Enrolment Confirmation	Number of Copies: _____
_____	Replacement Certificate / Diploma *	(only one replacement will be issued)

* The \$25 fee for a replaced Certificate / Diploma is required at the time of request. Prior to 1996, a Certificate / Diploma cannot be duplicated. A replacement credential is to be requested from the campus at which you graduated.

My Contact Information:

Full name (first, middle, last):	
Previous last name (if applicable):	
Student ID (if known):	
Mailing Address:	
Main Phone and email address:	
Date of Birth <u>or</u> SIN Number:	
Program (s) and Campus of Study:	
Year (s) of Study (eg. 1998 - 1999):	

By completing this form, I consent to the release of documentation for prior and/or current studies to the parties detailed below.

Signature

Date

How you want the document (s) released:

I will pick it up

Mail to above

Mail to below

Fax to below

Organization:	
Mailing Address:	
Department / Contact Name:	
Department / Contact Phone <u>or</u> Fax:	

Office Use Only:

Request Completed By (print name): _____

Date Request Completed & Filed: _____

Updated: April 29, 2014 AD