



TRANSCRIPT REQUEST FORM

STUDENT INFORMATION				
Legal First Name	Legal Last Name		Preferred First Name	
Birth Date (DD/MM/YYYY)	E-mail	Phone		
Student ID Number	First Semester at Dorset College (MM/YYYY)		Last Semester at Dorset College (MM/YYYY)	
Mailing Address in Canada (number and street)		City	Province	Postal Code

SERVICE AND DELIVERY OPTIONS

We provide Regular and Express Service. Please see service options, processing time, and fees below.
The Transcript fee must be paid in the time of request. All fees paid are non-refundable.

Please select the service option

Service Option	Processing Time	Fees
Regular Service	5 to 15 working days	\$20 (per copy)
Express Service <i>(Express Service may not be offered during busy periods)</i>	24 hours	\$50 (per copy)

Note: Additional Mailing Fee will be charged for mailing outside Canada. Fees are subject to change and available upon request.

Please select the delivery option:

I will pick up the copy of my transcript myself	Please mail me the copy of my transcript to my address in Canada
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Please mail me the copy of my official transcript to the following address:

Mailing Address (number, street)	City	Province/State	Postal Code	Country
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I authorise the following person to pick up the copy of my transcript:

Legal First Name	Legal Last Name	Relationship to the student	Contact Phone Number
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Please select the purpose of your request:

<input type="checkbox"/> Visa/Study Permit Renewal	Copies:
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<input type="checkbox"/> Other Purposes (please specify):	
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University Application. Please provide details of the school you are applying to below:
(The transcript(s) requested for this purpose will only be mailed to the school you are applying. The transcript(s) will not be released directly to you.)

1. School Name	School Address (number, street, city, province, postal code, country)	Reference Number
2. School Name	School Address (number, street, city, province, postal code, country)	Reference Number

PLEASE SIGN BELOW			
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Student's Signature:		Date (DD/MM/YYYY):	
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