info@dorsetcollege.bc.ca dorsetcollege.bc.ca

TRANSCRIPT REQUEST FORM

Tel: 604.879.8686

Fax: 604.874.8686

- Est. 1981 -												
		STUDE	NT IN	FORMATI	ON							
Legal Last Name	Legal First Name					Preferred First Name						
Birth Date (DD/MM/YYYY)		E mail				Phone						
		E-mail				riione						
Student ID Number		First Semester at Dorset College (MM				Last Semester at Dorset College (MM/YYYY)						
Mailing Address in Canada (number and street)			City			Pro		Provi	nce	Postal	Postal Code	
SERVICE AND DELIVERY OPTIONS												
We provide Regular and Express The Transcript fee must be paid in		-	-	_		es below	•					
Please select the service option												
Service Option						Processing Time			Fees			
Regular Service					5 to 15	5 to 15 working days			\$20 (per copy)			
Express Service (Express Service may not be offered during busy periods)					24 hou	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												
Please mail me the copy of my official transcript to the following address:												
Mailing Address (number, street)			City	Province/State		tate	Postal Code		Country			
I authorise the following per	son to pick up	the copy of my	transcri	pt:					<u> </u>			
Legal Last Name Legal First Name				Relationship to the student			Co	Contact Phone Number				
Please select the purpose of you	r request:										Copies:	
Visa/Study Permit Renewal												
Other Purposes (please specify):												
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							r				
2. School Name	School Address (number, street, city, province, postal code, country) Reference Number						r					
PLEASE SIGN BELOW												
Student's Signature:	<u> </u>			Date (DD/M								

Dorset College Transcript Request Form

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OFFICE USE ONLY						
Total amount received: \$	Receipt No.:					
Received and processed by:	Completion date (DD/MM/YYYY):					
Notes:						