

**Transcript Request Form**

The Personal Information Protection Act requires all requests for transcripts to be signed by the student. For this reason, telephone, e-mail, and third party requests cannot be accommodated. Due to 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 transcript request:

**\$10.00 for one transcript and \$5.00 for each additional transcript ordered at the same time.**

**A. Personal Information**

Full Name \_\_\_\_\_

Previous Student Name \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Attended CBC from \_\_\_\_\_ to \_\_\_\_\_  
year year

**B. Transcript Request and Delivery**

\_\_\_\_\_ Number of copies of transcript

\_\_\_\_\_ Please fax my transcript to : \_\_\_\_\_

\_\_\_\_\_ I will pick up my transcript(s) at the Main office in the Resource Centre.

\_\_\_\_\_ Please Mail my transcript(s) to:

Name and address of University/College

\_\_\_\_\_

\_\_\_\_\_

**C. Payment method:**

Cash    Debit    Cheque/Money order    Visa    MasterCard

Card # \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on Card \_\_\_\_\_

**D. Student Authorization**

I hereby authorize the release of my transcripts as per my request above and agree to pay the related fees.

- **Transcripts will not be released without the signature of the student.**

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date