

Request for Official Transcript

Downtown Campus
250 W Pender St, Vancouver, BC
V6B 1S9 Tel: 604 443-8411
Fax: 604 443-8450

Broadway Campus
1155 E Broadway, Vancouver, BC
V5T 4V5 Tel: 604 443-8411
Fax: 604 871-7458

PLEASE PRINT

Last Name _____ First Name _____ Student Number _____

Name while attending VCC: (if different from above) _____

Street _____ City _____ Province _____

Postal Code _____ Phone No. _____ Birthdate: (01FEB1978) _____

Please indicate the following: Part Time Full Time

Year of attendance: _____ Name of Program/Course: _____

The cost is \$5.00 + gst each. For same day service, the cost is \$30 + gst. Each additional one is \$5.00 + gst.

Check one or more, indicate number of copies:

- | | | |
|--|---------------|---|
| <input type="checkbox"/> I will pick up my transcript(s) - photo ID required | No. of copies | <input style="width: 40px;" type="text"/> |
| <input type="checkbox"/> Mail my transcript(s) to me at the above address | No. of copies | <input style="width: 40px;" type="text"/> |
| <input type="checkbox"/> Mail my transcript(s) to the destination(s) below | No. of copies | <input style="width: 40px;" type="text"/> |
| <input type="checkbox"/> I will have someone else pick up my transcript - written authorization & photo ID required | No. of copies | <input style="width: 40px;" type="text"/> |
| <input type="checkbox"/> Same day service | No. of copies | <input style="width: 40px;" type="text"/> |
| TRANSCRIPT REQUESTS TAKES 7 DAYS TO PROCESS | | Total number of copies required |

1. Mail _____ (number of transcripts) to: Name _____
Address _____
2. Mail _____ (number of transcripts) to: Name _____
Address _____
3. Mail _____ (number of transcripts) to: Name _____
Address _____

Student Signature: _____ Date: _____

Transcripts will only be released upon presentation of photo ID or a signed letter of authorization. All obligations relating to fees, library books, or borrowed equipment must be met before any transcripts will be released. The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1992) and will be used to process this request. If you have any questions about the collection and use of this information, contact the registrar.

Payment Information (payment must accompany this form)

If paying by credit card, please include the following information:
 Visa Mastercard American Express
 Card Number: _____ Expiry Date: _____

OFFICE USE ONLY	Amount Paid: Date Issued:	Trs # Issued by:	Cashier Initial:
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