

## **Transcript Request Form**

Current Full Name:	Previous Na	me (if applicable):	Student # (if known):	Date of Birth:					
Current Address:			Email:						
City and Province:			Phone:						
Postal Code:			Cell:						
Certificates or Diplomas	Awarded: :		:						
		<b>*</b> 44.00 L T	(f. :   1						
PDF transcript via email to:  as well, please indicate the address lalso re			These are official transcripts in PDF format. If you require a paper copy ress below. Please note paper copies will be printed at a later date require a paper copy. Please:  ☐ Send by regular mail to address below  ☐ Courier to address below (cannot courier to P.O. Box)  (\$15 BC; \$25 Canada; \$45 US; \$80-115 International) Contact						
							A ddraa	phone number:	,
					Address:  PLEASE NOTE: PDF VERSIONS ARE CONSIDERED OFFICIAL AT THIS TIME  AND AND THEY ARE EMAILED DIFFORM FROM THE AUTHORIZED.				
AS LONG AS THEY ARE E-MAILED DIRECTLY FROM THE AUTHORIZED ECLIPSE COLLEGE EMAIL ADDRESS.									
Instructions for Preparation: Final term results are added to a student's record each year.									
Process immediately									
(available in approximately 5-10 business days)									
Special Instructions:									
Please read and sign below before submitting  1. Transcripts are normally completed within five to ten working days. In special cases and during busy periods the time may be 10 to 15 working days.									
<ol> <li>Transcripts are not prepared until the fee for this service is paid in full.</li> <li>No transcript will be issued until all applicable holds have been removed and all of the student's unpaid accounts have been settled.</li> </ol>									
<ul> <li>4. Photo ID must be presented when picking up transcripts.</li> <li>5. I understand that no one may pick up or order my transcript(s) without my written consent.</li> </ul>									
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Student's Signature (must be signed):									
Payment Information:  Uisa or MasterCard (Debit currently not available)  For payment methods other than credit card, please contact Student Central									
Credit Card #:  Credit Card #:									
Expiration Date:									
For Office Use Only	Amount received:	Date:							
Receipt #:	Date requested:	Notes:							