

# REQUEST FOR ACADEMIC TRANSCRIPT

Completion of the address section of "About Yourself" will result in an automatic updating of your permanent address on the College file.

Transcripts will be produced with your name as it is depicted on the College's file. This form can be faxed to: 416-289-5232 or mailed to: Student Records, Centennial College, P.O. Box 631, Station A, Toronto, Ontario, Canada M1K 5E9 or emailed to **studentrecords@centennialcollege.ca**

Date Stamp

For Records use only

**Please note:**

1. BScN students must request transcripts through Ryerson University.
2. Transcripts will not be released to students who have outstanding liabilities with the College.
3. It is the student's responsibility to review your academic record for accuracy.
4. Incomplete or incorrect requests may result in a processing delay.

**ABOUT YOURSELF**

Student Number:

Legal Surname (Last Name):

Legal First Name:

Former Surname (If Applicable):

Middle Name:

Street Address:

City:

Province:

Postal Code:

Telephone:

Business Telephone:

E-mail:

Date of Birth:

Name of program in which you were registered:

Program #:

**TOTAL NUMBER OF TRANSCRIPTS REQUESTED: x \$12.00 = \$**

NOTE: Transcripts will NOT be produced until payment is received. Transcript production normally requires 7 to 10 business days.

I WISH MY TRANSCRIPT(S):

Mailed now

Held to reflect graduation

Sealed individually

Held for fall grades

Held for winter grades

Held for summer grades

**AUTHORIZATION TO MAIL TRANSCRIPT – All transcripts are sent by regular Canada Post service. Please note no tracking capabilities are available.**

Use this section only if you wish to have your transcripts MAILED to other institutions or to you. I authorize Enrolment Services, Centennial College, to mail a transcript of my permanent academic record to the following individuals or institutions (List a maximum of 2 addresses, and include your mailing address if copies are to be mailed to you).

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT CARD PAYMENT**

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Type of Card:    Visa    MasterCard

American Express

Expiry Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Please note debit cards cannot be accepted.

**PLEASE SIGN HERE**

By signing this application, I authorize the applicable charges to the above credit card and acknowledge that the information provided is accurate and complete.

\_\_\_\_\_  
SIGNATURE OF APPLICANT\*

\_\_\_\_\_  
DATE

\*This serves as (your official) signature.