



OFFICIAL TRANSCRIPT REQUEST

Today's Date _____

Heritage College Student #:

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PLEASE PRINT :

Full Name
Maiden Name (if applicable)
Telephone #
Date of Birth

MAILING INSTRUCTIONS:

Name of Institution (One per request)
Campus
Address (in Full)
City / Province
Postal Code
Please mail: <input type="checkbox"/> Immediately <input type="checkbox"/> Hold until: _____

FOR OFFICE USE ONLY:

Paid	Initials
Date received	Date mailed

Please Read

Transcript forms must be completed in full. Payment of \$5.00 for each request must be made **before** a transcript will be issued.

Transcripts take an average of 10 working days to be processed depending upon the time of year.

Students may **not** receive official Transcripts; These are sent directly to the institution indicated.

I hereby, authorize the release of my transcripts in compliance with provincial legislation on the confidentiality of information.

Signature

Are you currently enrolled at Heritage?

Yes No

IMPORTANT:

Final marks will be automatically sent if you are currently enrolled.