

TRANSCRIPT REQUEST

Fill out this form and email to transcripts@cbu.ca, fax to (902) 563-1371 or mail to the address at the bottom of this page.

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Former Name: _____

Address Line 1: _____ Address Line 2: _____

City, Province: _____ Postal Code: _____

Phone Number: _____ Date of Birth: _____

Currently enrolled at CBU: Yes No If **No**, give date of last attendance: _____

Program: _____

TRANSCRIPT INFORMATION

Please send:	Transcripts will be:	Send by:
<input type="checkbox"/> Immediately	<input type="checkbox"/> Picked up by student	<input type="checkbox"/> Mail
<input type="checkbox"/> After First Term Results (Dec.)	<input type="checkbox"/> Mailed to student at above address	<input type="checkbox"/> Fax
<input type="checkbox"/> After final results (Apr.)	<input type="checkbox"/> Mailed to address below	<input type="checkbox"/> Courier
<input type="checkbox"/> After Spring/Summer Results (Aug.)		

Number of transcripts needed: _____

RECIPIENT INFORMATION:

Fill out only if being mailed to address other than above.

Send to: _____ Address Line 1: _____

Address Line 2: _____ City, Province: _____

Postal Code: _____ Fax Number: _____

PAYMENT INFORMATION

Transcripts are \$5.00 each. Please add an additional \$5.00 for faxing or \$20.00 for courier in Canada

Note: Overnight courier service is not available in Cape Breton.

Total Fee: _____ Signature: _____

METHOD OF PAYMENT:

Visa Name on Card: _____

Number: _____ Expiry: _____

MasterCard Name on Card: _____

Number: _____ Expiry: _____