

CNC Student # Birthdate (yy/MM/DD)

Name Previous name (if applicable) Street City Province Postal Code Country Telephone Fax E-mail Do you want the above address updated on all CNC records? □ Yes □ No **Please Read Carefully** Transcript forms must be completed in full. Payments for each request must be made before a transcript will be issued. Transcripts will **not** be released if the requesting student has any outstanding fees or fines payable to the College of New Caledonia. Transcripts will only be released upon presentation of the appropriate identification. Students' records are confidential and transcripts are issued only upon the written request of the student. An official transcript must bear the Registrar's signature and College Seal. Do not break the seal on the envelope before submitting to other institutions.

Number of copies

Student signature (required)

Regular **\$16.80**/copy (5 business days for tra

(5 business days for transcript to be produced and mailed)

Today's date

☐ Rush **\$41.80**/copy

(1 business day for transcript to be produced and mailed)

☐ When final grades are available \$16.80/copy*

☐ When certificate/diploma notation is added \$16.80/copy*

* Rush option not available

Request for Official Transcript

Office of the Registrar

3330 22nd Avenue Prince George BC V2N 1P8

P 250 562 2131 | F 250 561 5861 | E registrarsoffice@cnc.bc.ca

Delivery Options	
☐ Hold for pick up (your pho ☐ Authorization for third p I hereby authorize	2
	amed individual will be required to ck up) led on this form
Institution Name	
Institution Address	
held for pick up, are sent b are subject to standard ma	the exception of those being by mail through Canada Post and ail timeframes. BC institutions e electronic transcript exchange electronically.
Additional Delivery Optic	•
☐ Fax (additional \$10.00 fee) Fax Number	
☐ Courier (additional fee at rat	e of courier charge)
Delivery Name and Addres	SS (couriers cannot deliver to PO boxes)
Phone number (required for	couriers)
Office of the Registrar by m	submitting this form to the nail, fax, or email. Do not thing this form in person at the
Visa or Mastercard numbe	er Expiry date
FOR OFFICE USE ONLY	
	5
Amount due \$	Receipt number