

TRANSCRIPT REQUEST

Champlain Student Number:

Date:
 Y M D

Birth Date:
 Y M D

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Address: _____

Tel.: _____ Email: _____

SEND OFFICIAL TRANSCRIPT TO THE FOLLOWING INSTITUTIONS (requires complete mailing address including postal code):

1.	2.
3.	4.

I hereby authorize the release of my transcript in compliance with provincial legislation on the confidentiality of information. I also understand that transcripts may be withheld when fees and/or library books are outstanding.

Signature: _____

MAILING INSTRUCTIONS: Send immediately Wait for final results

FEES (Payable before transcript is issued)

- Regular Mail - \$5.75 per address
- Priority (3-5 days) (Quebec & Ontario only) - \$8.75 per address
- Registered Mail (Canada only) - \$15.00 per address
- Contact the Records Office for special delivery to USA/International

Return completed form to Registrar@crcmail.net. Upon receipt of form, invoice will be added to your Omnivox account for online payment.

FOR OFFICE USE ONLY		
PAID: _____	DATE MAILED: _____	PER: _____