Champlain
COLLEGE LENNOXVILLE

(Records Office) 2580 College Street, Sherbrooke, Quebec J1M 2K3 819 564-3666 ext. 126

TRANSCRIPT REQUEST

Champlain Student Number: | | | | | | | |

Request Date: | | | | (Y M D)

Birth Date: | | | | (Y M D)

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: _____

Full Mailing Address: _____

Tel.: _____Email: _____

SEND OFFICIAL TRANSCRIPT TO THE FOLLOWING INSTITUTIONS (requires institution name, contact or department, complete mailing address including postal code):

Institution: Contact/Dept: Address: Postal Code:	Institution: Contact/Dept: Address: Postal Code:
☐ In a sealed envelope to my home address. Transcripts will NOT have the official seal of the College.	

- 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 fines are outstanding.

Signature: _____

MAILING INSTRUCTIONS: Send immediately ☐ Wait for final results ☐

FEES (Payable before transcript is issued)

☐ Regular Mail or by E-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: _____