



TRANSCRIPT REQUEST

Champlain Student Number (optional):

Request Date:

Y	M	D

Birth date:

Y	M	D

Please complete the following information:

Full Name: _____

Full mailing address: _____

Tel.: _____ Email: _____

Institution(s) requiring the transcript's information:

Institution: _____ Contact/Dept: _____ Full mailing address: _____ _____ _____ Email address: _____ _____	Institution: _____ Contact/Dept: _____ Full mailing address: _____ _____ _____ Email address: _____ _____
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Send it in a sealed envelope to my home address. (Transcript 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) Email – 5.75\$ per address
 Regular mail (Canada only) – 5.75\$ per address
 Purolator (1-3 days) (Canada only) – 8.75\$ per address
 Contact the Records Office for special delivery USA/International

Return completed form to: records-lennox@crcmail.net

For office use only:

Paid: _____ Date mailed: _____ Per: _____