

# REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

FEE: \$10.00 per Transcript Request \*\*ALL PROCESSING FEES NON-REFUNDABLE\*\*

PLEASE PRINT CLEARLY

## STUDENT INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Name (s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student Number: 

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 (not mandatory)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                  Day   Month   Year

## PROGRAM INFORMATION

Program Attended: \_\_\_\_\_

Years of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Now in Attendance:  Yes  No

Graduation Date (Month/Year) \_\_\_\_/\_\_\_\_

## WHEN REQUIRED:

After Final Exams  After Graduation  Within 10 Days

Number of Copies Requested: \_\_\_\_ X \$10.00 per transcript

Total Fees Remitted: \$\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          Day   Month   Year

## TRANSCRIPT INFORMATION

Pick up  Mail (to address above)

Mail to designated recipient: \_\_\_\_\_  
\_\_\_\_\_



## PROCESSING INFORMATION

Please submit a separate form and fee for each recipient's mailing address.

Student records are confidential and transcripts are issued only upon written request and authorization of the student.

Transcript requests will not be processed if any fee balance and/or other obligation to Fleming College is outstanding or payment does not accompany the request.

Normal processing time for transcripts is 10 business days from receipt of request. Students are responsible for recipient's complete mailing address.

High School Transcripts cannot be released by this office. Please contact your high school.

Print form and return to the Records Office along with your payment to the campus attended.

## SUTHERLAND CAMPUS

**Mail:** Records Office, Fleming College  
599 Brealey Drive, Peterborough, ON  
K9J 7B1

**Fax:** (705)749-5507 Brealey

## FROST CAMPUS

**Mail:** Records Office, Fleming College  
Frost Campus, PO Box 8000, Lindsay, ON  
K9V5E6

**Fax:** (705)878-9331 Frost and Haliburton

OR Deliver your completed form along with your payment to any one of our Campus locations.

## FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed by: \_\_\_\_\_

JUNE 25, 10

**PAYMENT METHOD:**  Cheque  Money Order  Visa  MasterCard

Amount: \$ \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder's Signature \_\_\_\_\_

\* Credit Card payments will be accepted by fax, in person or by phone.  
Do not mail or email credit card information.

## FREEDOM OF INFORMATION:

The information on this form is collected under the legal authority of the Ministry of Colleges and Universities Act, RSO, 1980, Chapter 272, SS, RRO, 1980, Regulation 640. The information is used for administration and statistical purposes of the College and/or the Ministries and Agencies of the Government of Ontario and the Government of Canada. Questions about this collection should be directed to the Manager, Records, Fleming College, Peterborough, Ontario K9J 7B1 (705) 749-5530 ext. 1512