

## TRANSCRIPT REQUEST

### PERSONAL IDENTIFICATION

<b>Last Name</b>	<b>First Name</b>	<b>Name(s) while in attendance (if different)</b>
<b>Student ID #</b>	<b>Date of Birth (dd-mm-yyyy)</b>	<b>Phone Number</b>
<b>Program</b>		<b>Year(s) Attended</b>

1. Completed transcripts are mailed through regular Canada Post service and **CANNOT be faxed or emailed** to students, unless requested by the receiving institution with contact name and complete email address provided (and only under exceptional circumstances).
2. Payment **MUST** be submitted with this application (either in person or by completing the payment section below).
3. Requests **may** take up to 5 business days to complete.
4. Valid photo ID is required to pick up your transcript. If someone is acting on your behalf, they must bring a signed letter of authorization and their own valid photo ID. Transcripts can be picked up at the Office of the Registrar in Peterborough or Lindsay.
5. Graduation status will appear on a transcript 6 weeks after program completion.
6. Historical transcript requests (students who studied programs prior to 2006) may take up to 10 business days to process.

### TRANSCRIPT DETAILS (\$10 EACH)

<b>Number of copies</b>	<b>Delivery Method</b> <input type="checkbox"/> Mail <input type="checkbox"/> Pick-up <b>If you are picking-up, choose preferred location</b> <input type="checkbox"/> Sutherland Campus (Peterborough) <input type="checkbox"/> Frost Campus (Lindsay)	<b>Delivery Time</b> <input type="checkbox"/> As soon as possible (see above) <input type="checkbox"/> Hold until after final grades <input type="checkbox"/> Hold until after graduation
<b>Recipient Name</b> (where it needs to go)		
<b>Recipient Mailing Address</b> (full address including postal code)		
<b>Student Signature</b>	<b>Date Submitted</b>	

### PAYMENT METHOD

<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cash
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### CREDIT CARD INFORMATION

<b>Credit Card Number</b>	<b>Expiry Date</b>
<b>Card Holder's Name</b>	<b>Cardholder's Signature</b>

Credit card payments will be accepted by fax or in person only. Do not mail or email credit card information. Please make cheques and money orders payable to Fleming College. Mail, fax, scan or drop off in person your completed request form. Address and email information found at the bottom of this form. Requests will NOT be processed until payment has been secured.

### FLEMING COLLEGE

599 Brealey Drive  
Peterborough, ON  
K9J 7B1

Phone: (705) 749-5530  
Fax: (705) 749-5507  
[records@flemingcollege.ca](mailto:records@flemingcollege.ca)

### 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.*