

Seneca

Official Transcript Request

Please Print Clearly

→ Number of Copies: _____ Regular Mail
 Pick-up

Transcript Request Processing Fee:
\$10.00 + \$1.30 (H.S.T) per copy

← Last Name _____ First Name _____ Middle Name _____

Street Address _____ Apt. / Unit No. _____

City / Town _____ Province _____ Postal Code _____

() Home Telephone _____ () Business Telephone _____ Extension _____

Student Number _____ Date of Birth: _____
Year Month Day

Surname (while attending Seneca College) _____

Address (while attending Seneca College) _____

Program/Course _____ Year(s) Attended _____ Campus _____

Are you a Seneca Graduate? Yes No Transcript to be processed: Immediately After Exam(s)

Transcript to be Sent To: (Provide Full Name and Address) _____ Special Instructions: _____

PAYMENT METHOD: *(no personal cheques)*

Visa MasterCard American Express

Payment must be made before transcript will be mailed.

Card Holder (Name): _____ Amount: _____

Credit Card Payment Option: _____
Credit Card Number _____ Expiry Date _____

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: _____ Date: _____

Office Use Only:

Document Mailed: _____ Date: _____

Document Picked Up: _____ Date: _____

Original - Student File

FEES SUBJECT TO CHANGE.

TO BE DUPLICATED ONLY BY REGISTRATION & RECORDS.

Last Revised: March 6/15