Academic Document Request

Due to privacy regulations, this request must be made personally with the requestor's signature. This form can be submitted in person, faxed, mailed or emailed. A request can require up to a week to process. If a balance exists on your financial account, documentation will not be released. No fees are required except for a replaced credential. By completing this form, you are providing consent to the release of documentation for prior and/or current studies.		
l am requesting:		
Official Transcript		Number of Copies:
Enrolment Confirmation		Number of Copies:
Graduation Confirmation		Number of Copies:
Replacement Certificate / Diploma *		(only one replacement will be issued)
	is required at the time of request. ential is to be requested at the camp	Prior to 1996, a Certificate / Diploma cannot be duplicated. A us to which you graduated from
My Contact Information:		
Full name (first, middle, last):		
Previous last name (if applicable):		
Student ID (if known):		
Mailing Address:		
Phone and email address:		
Date of Birth or SIN Number:		
Program (s) of Study:		
Year (s) of Study (eg.1998 - 1999):		
Signature		Date
	Document Destina	tion:
I will pick up Please mail to the above address Please mail to the below address		
Organization:		
Mailing Address:		
Department / Contact Name:		
Department / Contact Phone:		
	Office Use Only	/:
Request Completed By (print na	me):	
Date Request Completed & Filed:		

nscc