



TRANSCRIPT REQUEST FORM

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PERSONAL INFO	Last Name	Former/Maiden Name
	First Name	Middle Name
	Date of Birth (ie: January 1,1980)	Last Year at Kingsway College

CONTACT INFO	Phone Number	E-mail
	Street/Box Address	
	Town/City	Province/State
	Postal/Zip Code	Country

TRANSCRIPT DESTINATION	Institution/Organization	
	Street/Box Address	
	Town/City	Province/State
	Postal/Zip Code	Country

PAYMENT INFO	Fee: \$7.00 per transcript <i>(For greater confidentiality, call Records Office with the info below)</i>
	Credit Card No: _____
	VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Expiry Date: _____
	3 digit code: _____
	Cardholder's Name: _____ <i>(Print name as it appears on credit card)</i>
	(Optional) Expedited Services with additional costs: Rush 24-hr (1 Business Day) Processing (Regular Mail) <input type="checkbox"/> FEDEX Courier Service (cost varies with destination) <input type="checkbox"/>

Number of Transcripts: _____
_____ Your Signature
_____ Signature of Cardholder

OFFICE USE ONLY	Date of Request	Financial Release	
	Date Sent	Mailing Confirmation <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed	
	Applicable Fee	Comments	Student ID Number