

Transcript Request Form

Registrar's Office 100 Fergus Avenue Kitchener, Ontario N2A 2H2 Phone: 519-894-8900

Phone: 519-894-8900 Fax: 519-894-5331

Email: registrar@emmanuelbiblecollege.ca

Date:	

- 1. Payment must accompany transcript request.
- 2. Transcripts may be withheld due to outstanding accounts.
- 3. Normal processing time is 7–10 business days.

Student Name (Last, First, Mid	Idle Initial)	Pre	Previous Last Name (if applicable):				
Current Mailing Address (Stree	et, City, Province, Postal Code	Ye	Years attended Emmanuel:				
			to				
		Ph	Phone number:				
Email address:							
Transcript to be:	fficial 🛘 Unofficial	Total Number o	ber of copies required:				
Send: ☐ Immediately (\$25) ☐ Normal Processing Time (\$15) ☐ After current semester grades are posted (\$15)							
Send by: ☐ Mail ☐ Hold at reception for pick up ☐ Fax (There is an additional charge of \$5.) ☐ Email							
Reference # (OUAC, OCAS, IT):							
Please send to: ☐ My address above ☐ The addresses listed on the reverse							
Transcript Fees: The standard fee for one transcript is \$15, with additional copies costing \$5 each. Students requiring an expedited process may pay \$25 instead of \$15, the cost of additional copies remaining the same, to shorten the wait time to 1–2 business days. Emmanuel Bible College accepts cash, debit, cheque, money order, or credit card (Visa or Mastercard only). Fees cannot be charged to a student account.							
Credit card number:			Expiry: Mo./Yr. Security Code:				
Or	Total transcript fee:	Student signat	ture:				
☐ Cheque/Money order	\$						
☐ Cash							

Send transcript to each of the following:

Institution/Employer:				
Attention:				
Address:	Fax:			
City	Postal Code:			
Email:				
Institution/Employer:				
Attention:				
Address:	Fax:			
City	Postal Code:			
Email:				
Institution/Employer:				
Attention:				
Address:	Fax:			
City	Postal Code:			
Email:				
Institution/Employer:				
Attention:				
Address:	Fax:			
City	Postal Code:			
Email:				