

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

FEE: \$10.00 per Transcript Request **ALL PROCESSING FEES NON-REFUNDABLE**

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Last Name: _____

First Name: _____

Current Address: _____

Previous Name (s): _____

Phone Number: _____

E-mail Address: _____

Student Number:

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 (not mandatory)

Birth Date: ____/____/____
 Day Month Year

PROGRAM INFORMATION

Program Attended: _____

Years of Attendance: _____ to _____

Now in Attendance: Yes No

Graduation Date (Month/Year) ____/____

WHEN REQUIRED:

After Final Exams After Graduation Within 10 Days

Number of Copies Requested: ____ X \$10.00 per transcript

Total Fees Remitted: \$_____

Signature: _____

Date: ____/____/____
 Day Month Year

TRANSCRIPT INFORMATION

Pick up Mail (to address above)

Mail to designated recipient: _____



PROCESSING INFORMATION

Please submit a separate form and fee for each recipient's mailing address.

Student records are confidential and transcripts are issued only upon written request and authorization of the student.

Transcript requests will not be processed if any fee balance and/or other obligation to Fleming College is outstanding or payment does not accompany the request.

Normal processing time for transcripts is 10 business days from receipt of request. Students are responsible for recipient's complete mailing address.

High School Transcripts cannot be released by this office. Please contact your high school.

Print form and return to the Records Office along with your payment to the campus attended.

SUTHERLAND CAMPUS

Mail: Records Office, Fleming College
599 Brealey Drive, Peterborough, ON
K9J 7B1

Fax: (705)749-5507 Brealey

FROST CAMPUS

Mail: Records Office, Fleming College
Frost Campus, PO Box 8000, Lindsay, ON
K9V5E6

Fax: (705)878-9331 Frost and Haliburton

OR Deliver your completed form along with your payment to any one of our Campus locations.

FOR OFFICE USE ONLY:

Date Received: _____

Date Processed: _____

Processed by: _____

JUNE 25, 10

PAYMENT METHOD: Cheque Money Order Visa MasterCard

Amount: \$ _____

Credit Card #: _____

Expiry Date: ____/____

Cardholder's Signature _____

* Credit Card payments will be accepted by fax, in person or by phone.
Do not mail or email credit card information.

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) 749-1512 ext. 1512