

# OFFICIAL TRANSCRIPT REQUEST FORM



Office of the Registrar/Student Services  
4500 – 50 Street Olds, AB T4H 1R6  
Fax (403) 556-4705 [www.oldscollege.ca](http://www.oldscollege.ca)

## GENERAL INFORMATION

- A \$5.00 prepaid transcript fee is required for each copy requested
- Please drop off, fax or mail this form to **Student Services** (See top of form)

## PERSONAL DATA (PLEASE PRINT CLEARLY)

Olds College Student Number

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Surname (legal)

Former Surname (if applicable)

First Name (legal)

Full Middle Name (legal)

Program

Major

Date of Enrolment or the Years Attended (i.e. 2000-2002)

Current Street Address

City

Province

Postal Code

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Phone Number (with Area Code)

## NAME AND ADDRESS TO WHERE TRANSCRIPTS ARE TO BE SENT

Number of Copies \_\_\_\_\_  
Send transcript(s) now \_\_\_\_\_ **OR**  
Send transcript(s) when final marks are in \_\_\_\_\_  
Send to name/address:

  
  

Number of Copies \_\_\_\_\_  
Send transcript(s) now \_\_\_\_\_ **OR**  
Send transcript(s) when final marks are in \_\_\_\_\_  
Send to name/address:

  
  

Number of Copies \_\_\_\_\_  
Send transcript(s) now \_\_\_\_\_ **OR**  
Send transcript(s) when final marks are in \_\_\_\_\_  
Send to name/address:

  
  

Student Signature

Date

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## CREDIT CARD INFORMATION

Credit card Number

Expiry Date

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Name on Credit Card

Signature of Credit Card Holder

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. Public inquiries regarding the collection, use and disclosure of personal information provided on this form should be directed to the FOIP Coordinator of Olds College at 4500 – 50 Street, Olds, AB T4H 1R6.