

TRANSCRIPT REQUEST FORM

Section 1: Student Information

First Name:		Last Name:	
Last Name at Graduation:			Graduating Year:
Address:			City:
State / Province:	Postal Code / ZIP:		DOB:
Phone:	Email:		

Section 2: Send Transcripts To

(Each copy of your transcript will include all your academic records as well as the Program & Clinical Hours Outline)

School / Agency / Organization:	
Address:	City:
State / Province:	Postal Code / ZIP:
Department:	Phone:
Email:	

Section 3: Cost & Delivery Method *(There is NO Pick-Up option available)*

Official Transcript: \$15 ▪ Prepare with Official Seal & distribute transcripts	# of Copies:	Total: \$
Regular Mail: \$5 ▪ Regular mail sent within Canada & US	# of Copies:	Total: \$
Canada Courier: \$25 ▪ Fees does not include the cost of Official Transcripts shown above	# of Copies:	Total: \$
US / International Courier: \$80 – \$100 ▪ Fees does not include the cost of Official Transcripts shown above	# of Copies:	Total: \$
Express Courier: \$125 ▪ Within US / International Agencies ▪ Fees does not include the cost of Official Transcripts shown above	# of Copies:	Total: \$
Subtotal:		\$

Section 4: Payment Information *(choose one of the options below)*

Please Note: If you do not have a Canadian chequing account, you must send a money order or certified cheque in Canadian Funds. Cheques written from a non-Canadian account "payable in Canadian funds" will **NOT** be accepted.

<input type="checkbox"/>	1. Cheque Payable to Misericordia Health Centre	<input type="checkbox"/>	2. Credit Card <i>(check one)</i>	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MasterCard
Card Holder's Name <i>(as appears on card)</i> :							
Expiry Date:		CVC <i>(3-digits back of card)</i> :		Total Amount:		\$	
Card Holder Signature:						Date:	

Please read and sign below before submitting

1. Transcripts are completed within 5 – 7 business days.
2. Transcripts will NOT be prepared until the fee for this service is paid in full.
3. School / Agencies / Organizations will not accept the transcript if the envelope has been opened or tampered with.
4. *** *Delivery / courier issues due to the provision of incorrect information provided, MHC Office will not be held responsible and additional fees will be charged if documents are required to be resent. There will be NO reimbursements or refunds. ****

Signature:	Date:
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