



TRANSCRIPT REQUEST FORM

This **completed and signed form** (faxed, emailed in PDF form, or mailed to the attention of the Registrar) is required in order for transcripts to be released. This is in compliance with the Saskatchewan Freedom of Information and Protection of Privacy Act. We do not release transcripts if the student has outstanding fees on their account, nor do we release copies of transcripts from other institutions. Telephone requests will not be accepted.

Registrar
Box 579, Eston, SK, S0L 1A0
Call: 1 888 440 3424
Fax: 306 962 3810
Email: registrar@estoncollege.ca

Student Name (Last, First):		Previous Last Name (if applicable):
Current Mailing Address (Street, City, Province, Postal Code):		Date of Birth (mm/dd/yyyy):
		Years Attended: _____ to _____
Phone Number:	Fax Number:	Email Address:
Send Transcript(s): <input type="checkbox"/> Immediately AND/OR <input type="checkbox"/> After current semester marks are posted		

Transcript Fees: Eston College accepts **cash, debit, cheque, money order, or credit card.** Make cheque payable to Eston College. Fees cannot be charged to a student account.
Transcript will be released once payment has been received.

Credit Card Number:

[] [] [] [] []	[] [] [] [] []	[] [] [] [] []	[] [] [] [] []	Type:	Expiry date (mm/yy):
				<input type="checkbox"/> Visa <input type="checkbox"/> MC	[] [] / [] []
				<input type="checkbox"/> Other	

Verification Code: _____

OR

- Cheque/M.O. Enclosed
 Cash Payment

Total transcript fee:

\$

Student signature:

OFFICIAL TRANSCRIPT ORDER:

(\$15.00 per transcript, \$5.00 per each additional transcript requested at the same time)

To: My address above in a sealed envelope [# of copies: _____] **AND/OR** The address(es) below

Institution:		Institution:	
Attn:	No. of copies:	Attn:	No. of copies:
Address:		Address:	

UNOFFICIAL TRANSCRIPT ORDER:

(\$15.00 per transcript, \$5.00 per each additional transcript requested at the same time)

- Please send me a personal, **unofficial** copy of my transcript (without registrar's signature and seal) to my
 Mailing Address Fax Number Email Address in .PDF format

Office Use Only:

Request Received: _____

Mailing Date: _____

Payment Received: _____