Print Form

CENTENNIAL COLLEGE

REQUEST FOR ACADEMIC TRANSCRIPT

Completion of the address section of "About Yourself" will result in an automatic updating of your permanent address on the College file. Transcripts will be produced with your name as it is depicted on the College's file. This form can be faxed to: 416 289-5232 or mailed to: Student Records, Centennial College, PO Box 631 Station A, Toronto, Ontario, Canada M1K 5E9.

Date Stamp	For Records Use Only

Please Note:
1. BScN students must request transcripts through Ryerson University.
2. Transcripts will not be released to students who have outstanding liabilities with the College.
3. It is the student's responsibility to review your academic record for accuracy.
4. Incomplete or incorrect requests may result in a processing delay.

ABOUT YOURSELF

Student Number: ____|____|____| - ____|____|____| - ____|____|____|

Legal Surname (Last Name): _____ Legal First Name: _____

Former Surname (If Applicable): _____ Middle Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ Business Telephone: (____) _____

E-mail: _____ Date of Birth: (yy/mm/dd) _____

Name of program in which you were registered: _____ Program #: _____

TOTAL NUMBER OF TRANSCRIPTS REQUESTED: _____ X $10.00 = $_____
NOTE: Transcripts will NOT be produced until payment is received.
Transcript production normally requires 7 to 10 business days.

I WISH MY TRANSCRIPT(S): ☐ Held for fall grades ☐ Held for pick- up at Progress ☐ Sealed individually

☐ Held for winter grades ☐ Mailed ☐ Held to reflect graduation ☐ Held for summer grades

For next business day service most transcripts can be requested online at my.centennialcollege.ca.

REQUEST FOR IN-PERSON COLLECTION OF TRANSCRIPTS

I authorize Enrolment Services to hold my transcript(s). I will personally collect my transcripts from Enrolment Services at the Progress Campus. If I opt to have someone other than myself collect the transcripts, I will provide that person with a signed letter of authorization.

AUTHORIZATION TO MAIL TRANSCRIPT – All transcripts are sent by regular Canada Post service.

Use this section only if you wish to have your transcripts MAILED to other institutions or to you. Otherwise, check the "Request for In-Person Collection" section and collect your transcript in-person at Enrolment Services, Progress Campus. I authorize Enrolment Services, Centennial College, to mail a transcript of my permanent academic record to the following individuals or institutions (List a maximum of 2 addresses, and include your mailing address if copies are to be mailed to you).

1. Name: _____ 2. Name: _____

Mailing Address: _____ Mailing Address: _____

_____ _____

_____ _____

_____ _____

CREDIT CARD PAYMENT

Card Holder Name _____ Card Number: _____

Type of Card (Please Circle): Visa / MasterCard/ American Express Expiry Date: _____

PLEASE SIGN HERE –

By signing this application, I authorize the applicable charges to the above credit card and acknowledge that the information provided is accurate and complete.

_____ _____
SIGNATURE OF APPLICANT DATE