



## TRANSCRIPT/CERTIFICATE REQUEST FORM

### INSTRUCTIONS:

1. Complete all the fields
2. Send the completed form to the College Administration office or email: [collegerecept@seabirdisland.ca](mailto:collegerecept@seabirdisland.ca)
3. All official transcripts and certificates are confidential and can only be released by request from a student/ former student.

### PERSONAL INFORMATION

Seabird College Student #: \_\_\_\_\_ First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_ Program(s) Attended: \_\_\_\_\_

### TRANSCRIPT/CERTIFICATE REQUEST:

Transcript    Certificate

1. Pick Up
2. Mail to name and address below
3. Email to: \_\_\_\_\_

Mail to the following address:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

### COMPLETE FOR THIRD PARTY PICK UP ONLY

I give permission to: \_\_\_\_\_ to pick up my transcript and/or certificate.

Student Signature \_\_\_\_\_

Student records are confidential and are not released without the written consent of the student, unless otherwise required by law. Your signature on this form allows the official transcript and/or certificate to be issued to the recipient specified.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Form Received by (Initial): \_\_\_\_\_ Date: \_\_\_\_\_

Form Processed by (Initial): \_\_\_\_\_ Date: \_\_\_\_\_

