

# SMC Transcript Request Form

Name (Print) \_\_\_\_\_ Student # \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

Date of birth \_\_\_\_\_ Dates of attendance \_\_\_\_\_

I hereby authorize the release of my transcript of academic record to the institution(s) listed below. I understand that I must provide the complete mailing address for each institution and pay for each transcript before it will be issued.

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Name of Institution (and Program)	Complete Mailing Address	Program Start Date	Document Deadline	Regular or Rush?
1					
2					
3					
4					

Special instructions: \_\_\_\_\_

**NOTE:**

- Transcripts will only be issued after all fees and tuition for the term and the transcript request fee have been paid.
- First copy: \$10.00. Subsequent copies ordered **at the same time**: \$5.00.
- Rush orders are subject to a surcharge of \$10 per institution. Extra courier charges may apply.
- Unless transcripts are for an out-of-province application, they will be sent for the fall term no earlier than January 15.

**OFFICE USE ONLY**

Date request received:

Date payment received:

Date transcript issued:

Signature of issuing officer: