



Registrar's Office
780 Argyle Street
Peterborough, ON K9H 5T2
Phone: (705) 749-0725
Fax: (705) 749-0417

TRANSCRIPT REQUEST FORM

(PLEASE READ INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS FORM)

Name: Previous Names (if applicable):

Address: Street City Province/State Postal/Zip Code

Last Year Attended: Current Telephone Number: ( )

Email Address: Please check this box if you would like to be kept up to date with alumni news. Also if you have not already done so, please complete and submit the attached Alumni Registration Card so that we can add you to our Alumni databank.

Name and Address where transcript is to be sent
(List additional addresses on a separate sheet if transcripts are to be sent to more than one address.)

Please send copies of "Official Transcripts" to the address (es) indicated.
Please send copies of "Issued to Student Transcripts"(i.e. unofficial transcripts) to the address (es) indicated.
Official transcripts cost \$10.00. Additional official transcripts ordered at the same time cost \$5.00 each.
(All payments must be received prior to transcripts being sent)

Name:

Address: Street City Province/State Postal/Zip Code

Ordering Instructions: Send Immediately When Final Grades for current semester are available

Mailing and/or alternate delivery (Please check ALL applicable boxes)

Hold for pick up Regular Mail Other: (Please specify - \*Refer to #3 on Pg 2)

Fax to: #( ) Check this box if you also want the transcript mailed to address indicated.

Name of the person/organization it is being faxed to: Check with the Registrar's Office regarding charges for having transcripts faxed or sent by special delivery.

Signature: Date:

Special Instructions:

Complete this section if you are using your credit card to pay for your transcript(s) and/or delivery charges

Name on the Charge Card: Charge Card # Exp. Signature of Card Holder: Date:

Office Use Only

Date Transcripts Sent: Fee received:

1. Transcript requests must be made in writing and include the signature of the student/former student. Requests may be faxed (705-749-0417) or mailed to the Registrar's Office. Phone calls, emails or requests by third-parties are not acceptable.
2. Copies of official transcripts cost \$10.00. Additional official transcripts, requested at the same time, cost \$5.00 each. Please check with the Registrar's Office (705) 749-0725 regarding charges for having transcripts faxed or sent by special delivery. All charges are payable before the transcripts are sent.
3. If you want your transcript(s) couriered, please contact a courier company to make all necessary arrangements, including paying the courier company.
4. If transcripts are to be sent to more than one address, please list the additional addresses on a separate sheet of paper and attach it to the *Transcript Request Form*.
5. Transcript requests should be made well in advance of any deadline dates. Requests are processed in the order in which they are received. Normally transcript requests are filled within seven business days.
6. Transcripts that are mailed to students for their own personal use will be stamped "Issued to Student". These transcripts are generally considered to be "unofficial" and they are not usually acceptable by post-secondary institutions or employers.
7. "Official transcripts" that are given to students will be in a sealed envelope with "Contains Official Transcripts" stamped on the envelope. If someone, other than the intended recipient, opens the envelope the transcripts may not be accepted as being "official".
8. Transcripts will not be issued if the student has any outstanding fees owing to Master's College and Seminary.

## **MCS/EPBC Alumni Association Registration Card**

**\*FILL ONE PER MARRIED COUPLE. Please print clearly\***

**Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_  
(include maiden name if applicable) (include maiden name if applicable)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Years Attended:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**Class Name:** \_\_\_\_\_ **Employed:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Spouse Attended?**  yes  no **If yes, please fill the information below:**

**Email:** \_\_\_\_\_ **Years Attended:** \_\_\_\_\_ **Year Graduated:** \_\_\_\_\_

**Class Name:** \_\_\_\_\_ **Employed:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Comments:** \_\_\_\_\_