



# TRANSCRIPT REQUEST FORM

## Seabird College & Adult Education

2812 Chowat Road PO Box 650 Agassiz, BC V0M 1A0  
P: 604-796-6839 F: 604-796-3729 Email: [collegerecept@seabirdisland.ca](mailto:collegerecept@seabirdisland.ca)  
Website: [college.seabirdisland.ca](http://college.seabirdisland.ca)

### Instructions:

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

### PERSONAL INFORMATION:

Seabird College Student #	First Name	Last Name	Birthdate (MMM-DD-YYYY)
Contact Number	Email Address		
Year(s) Attended	Program(s) Attended		

### TRANSCRIPT REQUEST:

Number of Copies Required: \_\_\_\_\_

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(s).

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 to be issued to the recipient specified.

<b>Student Signature:</b> _____	<b>Date:</b> (MMM-DD-YYYY) _____
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### Office Use Only

Form Received By (Initials): _____	<b>Date:</b> _____
Form Processed By (Initials): _____	<b>Date:</b> _____