

**TRANSCRIPT REQUEST FORM** for William and Catherine Booth University College  
(formerly Catherine Booth Bible College)

**NAME AND ADDRESS TO WHICH THE OFFICIAL TRANSCRIPT IS TO BE MAILED:**

Name

Address, including Postal Code

Fax number, for facsimile requests

Please send transcript:

Immediately

After Winter Semester Results (end of year)

After Summer Term Results

Official copies of transcripts are issued directly to Educational Institutions, Organizations or Third Parties. A separate request form is required for each mailing. A transcript is a complete, official academic record and is only updated at the above mentioned times. In mid-year, you may request a transcript to date or an interim grade report for the year in progress.

<p>Transcript to be:</p> <input type="checkbox"/> Mailed to institution/organization/third party at address above <input type="checkbox"/> Picked up in person by student in sealed envelope <input type="checkbox"/> Mailed to student (unofficial student copy) at address below	<p>Transcript Fees:</p> <p>There is a charge of <b>\$12.00</b> for each official transcript request. (Official transcript to SA THQs and unofficial transcript requests are provided without charge.)</p> <p>Please send form to <a href="mailto:Registrar@BoothUC.ca">Registrar@BoothUC.ca</a> or fax to <b>204 942 3856</b>.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**NAME AND ADDRESS OF BOOTH COLLEGE CURRENT OR PRIOR STUDENT REQUESTING OFFICIAL TRANSCRIPT:**

Last Name, First Name and Initial

Address (including Postal Code) and Phone Number

Former Name (If applicable)

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Initial receipt of fees

\_\_\_\_\_  
Amount paid

\_\_\_\_\_  
Receipt #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initial transcript sent

\_\_\_\_\_  
sending via mail or fax

\_\_\_\_\_  
Date

**PAYMENT OPTIONS**    **CHEQUE**    **MONEY ORDER**    **INTERAC**    **CREDIT CARD**

**FOR CREDIT CARD PAYMENT**

Please check one  VISA  MasterCard

NAME OF CARD HOLDER: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

EXPIRY: \_\_\_\_\_

MM / YY

AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_