

LAST NAME (LEGAL) *		FIRST NAME (LEGAL) *		STUDENT ID # *
FORMER NAME (IF APPLICABLE)	PHONE # *	KEYANO EMAIL OR PERSONAL EMAIL *		DATE OF BIRTH *
ADDRESS *		CITY *	PROVINCE *	POSTAL CODE *

Chose one option below:

Option 1: <input type="checkbox"/> Process Immediately
Option 2: Do not prepare until after grades are entered <input type="checkbox"/> After Fall <input type="checkbox"/> After Winter <input type="checkbox"/> After Spring
Option 3: Process After *ensure you have applied to graduate* <input type="checkbox"/> Certificate Awarded <input type="checkbox"/> Diploma Awarded
Do you have a deadline? (please indicate)
Mail to (choose one): <input type="checkbox"/> Hold for pick up <input type="checkbox"/> Address Above <input type="checkbox"/> Institution listed to the right <input type="checkbox"/> Email to above email <input type="checkbox"/> Email to institution listed to the right

INSTITUTION:
ATTENTION:
ADDRESS:
CITY:
PROVINCE:
POSTAL CODE:
PHONE:
EMAIL:

Please Note:

If you are applying to a post-secondary institution in Alberta, they may be able to request your transcript on your behalf at no cost to you. Please contact the institution you are applying to inquire.

- Transcript forms must be completed in full
- We only fax transcripts when necessary; most institutions will NOT accept a faxed copy
- Payment for each request must be made before transcript will be issued
- Identification is required for all transcript pick up

_____ Number of copies - \$11.00 per copy + GST

Transcript requests will not be processed if you have an overdue account with any college department. Written authorization is required to release your transcript to a third party. Requests older than 6 months will be cancelled if account is still showing overdue.

Unofficial Transcripts – Available through Self Service:
<https://selfservice.keyano.ca>

Transcripts are mailed by Canada Post and are subject to fluctuating dates & times
* We do not offer courier

Method of Payment

<input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CREDIT CARD	EXPIRATION DATE
	CARD ISSUED TO	SIGNATURE

STUDENT SIGNATURE	DATE
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*Signature is not required if submitting this form and supporting documentation via your keyanomail account.

Office of the Registrar Use Only 4120000 - 41210			
RECEIVED BY	DATE	PROCESSED BY	DATE
AMOUNT PAID	NUMBER OF COPIES	AUTHORIZATION #	

The personal information requested on this form is collected under the authority of section 65 of the Post-Secondary Learning Act and section 33© of Alberta's Freedom of Information and Protection of Privacy Act and will be used for the purpose of admission, registration, issuing income tax receipts, scholarships and award, convocation, sending education information, library services, emergency notification, and for college research and planning. Certain personal information will also be disclosed to Statistics Canada to comply with the Statistics Act; Alberta Advanced Education to meet reporting requirements; Alberta Human Services for determining and monitoring student eligibility for their services; work experience and practicum sites to set up appropriate placements; Students' Association for the purposes of membership and information sharing; Syncrude Sport & Wellness Centre for the purposes of membership, Student Academic Support Services for the purposes continuous improvement of student academic success. For information about the collection and use of this information, contact the Registrar.