Office of the Registrar Telephone: (416) 491-5050
Ext: Newnham: 2473; King: 5017; Seneca@York: 3008; Markham: 7434
Fax: Newnham: (416) 491-9187; King: (905) 833-0730
Seneca@York: (416) 661-1947; Markham: (905) 940-4090

Seneca

Request for Official Transcript of Grades

Please Print Clearly

Note: Seneca College does not provide copies of high school transcripts.

→ No. of Copies: _____ ❑ Regular Mail ❑ Pick-up ❑ Full-Time ❑ Part-Time (evening)

Transcript Request Processing Fee:
$10.00 + $1.30 (H.S.T) per copy

Last Name _____ First Name _____ Middle Name _____

Street Address _____ Apt. / Unit No. _____

City / Town _____ Province _____ Postal Code _____

( ) Home Telephone _____ ( ) Business Telephone _____ Extension _____

Student Number ___ — ___ — ___ S.I.N. (if applicable) ___ — ___ — ___ Date of Birth: ___ ___ ___ Year Month Day

Surname (while attending Seneca College) _____

Address (while attending Seneca College) _____

Program/Course _____ Year(s) Attended _____ Campus _____

Are you a Seneca Graduate? ❑ Yes ❑ No Transcript to be processed: ❑ Immediately ❑ After Exam(s)

Transcript to be Sent To: (Provide Full Name and Address)

_____

_____

_____

Special Instructions:

_____

_____

_____

PAYMENT METHOD: *(no personal cheques)*

Payment must be made before transcript will be mailed.

❑ Visa ❑ MasterCard ❑ American Express

Not available for faxed requests:

❑ Debit ❑ Certified Cheque (Payable to: Seneca College) ❑ Money Order (Payable to: Seneca College)

Card Holder (Name): _____ Amount: _____

Credit Card Payment Option: ___ — ___ — ___ — ___ (Credit Card Number) ___ / ___ (Expiry Date)

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Personal information on this form is collected in accordance with sections 21, 39 and 49 of the *Freedom of Information and Protection of Privacy Act* and under the legal authority of the *Ministry of Training, Colleges and Universities Act*, R.S.O. 1990, and the *Ontario Colleges of Applied Arts and Technology Act*, 2002, Regulation 34/03, and may be used and/or disclosed for administrative, statistical and/or research purposes of the College and/or the ministries or agencies of the Government of Ontario and the Government of Canada. If you have any questions concerning the collection and use of personal information, please contact the Privacy Office at (416) 491-5050 extension 77846 or email privacyoffice@senecacollege.ca.

I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Signature: _____ **Date:** _____

Office Use Only:

Document Mailed: _____ Date: _____

Document Picked Up: _____ Date: _____