



OFFICIAL TRANSCRIPT REQUEST

Office of the Registrar

2300 Ryan Road
 Courtenay BC V9N 8N6
 T: 1-800-715-0914 E: forms@nic.bc.ca

Student's FULL name and address (print clearly) This is my current mailing address Yes No				NIC STUDENT NUMBER
NAME				FORMER NAME (If Applicable)
ADDRESS				BIRTH DATE (mmm-dd-yyyy)
CITY	PROVINCE	COUNTRY	POSTAL CODE	
PHONE NUMBER	E-MAIL ADDRESS			

- Student must ensure all final grades have been entered prior to submitting their request.
- Transcript requests will be processed and mailed within one business day of this submission.
- Transcripts will not be released if student has any outstanding fees or fines payable to North Island College.
- This form must be completed in full and signed by the requesting student or it will not be processed.

TRANSCRIPT REQUEST

Mail my transcript(s) to me at the above address No. of Copies _____

Mail my transcript(s) to the destinations(s) below

Mail to: ➔

INDIVIDUAL / DEPARTMENT	INSTITUTION / COMPANY		
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	

No. of copies _____

Mail to: ➔

INDIVIDUAL / DEPARTMENT	INSTITUTION / COMPANY		
MAILING ADDRESS			
CITY	PROVINCE	POSTAL CODE	

No. of copies _____

FEES: Transcripts will be processed once payment has been received. Payments may be made in person by VISA, MASTERCARD, American Express, debit card or cheque. Mailed in requests must be accompanied by cheque or money order. To help prevent credit card fraud DO NOT write your credit card information anywhere on this form. If emailing in your request, a NIC representative will contact you directly for this information and your payment will be processed directly into a secured website. **Official Transcript - \$10.00 + GST/ per copy**

Total No. of Copies _____ @ \$10.00 + GST _____ = Total Cost: _____

The information on this form is collected under the authority of the College and Institute Act, and will be used to process this request. Inquiries about the collection or correction of personal information should be addressed to the Registrar.

I hereby authorize North Island College to release my student records to the addressee on this form.

_____ Student Signature _____ Date (mmm-dd-yyyy)

FOR CAMPUS/CENTRE USE ONLY

Receipt No.: _____

RA Signature: _____