



# TRANSCRIPT REQUEST FORM

Please return completed form to:  
Vanguard College 12140 103 Street Edmonton, AB T5G 2J9  
♦ Fax: 780-452-5803 ♦ Email: Info@vanguardcollege.com

•The following form must be completed and signed by the student in order for transcripts to be released  
•Transcripts will not be released if the student's financial account is not paid in full  
•Processing time is usually within one week of receipt

Student Name (First, Middle, Last): \_\_\_\_\_ Previous Last Name (if applicable): \_\_\_\_\_ Student ID# (if known): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Program Name (list all completed): \_\_\_\_\_ Years Attended Vanguard: \_\_\_\_\_

Completed (Or Working on):  Undergraduate Degree  Graduate Certificate

Student Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Prepare transcripts:  Immediately AND/OR  After current semester marks are posted

UNOFFICIAL TRANSCRIPT ORDER (Free) by email only:  My Email Address Above Completed by \_\_\_\_\_ Date \_\_\_\_\_

OFFICIAL TRANSCRIPT ORDER (\$10 each for the 1st one and \$5 for each additional) If you need Vanguard College to send official transcripts to more than the two addresses below (not including your own address), please submit another form. Completed by \_\_\_\_\_ Date \_\_\_\_\_

Number of copies for Me \_\_\_\_\_  Mail to my current address  Mail to my permanent address  I will Pick Up (ID Required)

Number of copies to be mailed to Institution/Agency/Individual addresses below \_\_\_\_\_  E-Mail advance copy

1st Institution/Agency/Individual: \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

2nd Institution/Agency/Individual: \_\_\_\_\_ Attention: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

TRANSCRIPT PAYMENT:  Visa  Mastercard  Cash  Cheque  Secure Link\*

\* Secure Link: ([https://fs22.formsite.com/vanguardcollege/studentfinance/secure\\_index.html](https://fs22.formsite.com/vanguardcollege/studentfinance/secure_index.html))

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Total Transcript Fee: \_\_\_\_\_

### FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Completed By: \_\_\_\_\_  Faxed Date: \_\_\_\_\_  Mailed Date: \_\_\_\_\_