



Transcript Request

10726 – 106 Avenue
Grande Prairie, AB T8V 4C4

Phone (780) 539-2911
Fax (780) 539-2888

studentinfo@gprc.ab.ca
www.gprc.ab.ca

Contact Information (please print)

Name _____	<input type="checkbox"/> Please update my name
Mailing Address _____	<input type="checkbox"/> Please update my address
City, Province _____	Date of Birth _____
Postal Code _____	Dates Attended _____
Telephone () _____	GPRC Student ID # _____
	Former Name (if Applicable) _____

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

Official Transcript Information

Check here to receive an Unofficial Transcript by mail

	Time Code	Remark	# of copies	Special Deadlines or Instructions
1.				
2.				
3.				
4.				

Time Code	Remark
01 Immediately	G Send after certificate or diploma awarded
02 After Dec. results	
03 After Apr. results	
04 Other, please specify	

Destination for Official Transcript

Check only one.

<input type="checkbox"/> SELF	An official copy in a sealed envelope will be sent to the address you provide in the Contact Information above.
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Or

<input type="checkbox"/> OTHER as listed here.	Person/Dept. _____
Fill out a separate transcript request form for <u>each</u> destination.	Institution Name: _____
	Street Address: _____
	City, Province _____
	Postal Code: _____ Phone Number: _____

Provide fax information if a faxed copy is to be sent in advance of the hardcopy being mailed to the destination listed.

Fax Number	()	Attention:
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Transcripts are mailed at no charge. If you require special delivery services such as a courier fill out the following.

Payment information required for Courier charges only. Do NOT fill in for regular mail service. Circle one: Canada or US - \$25 International - \$40	<input type="checkbox"/> Master Card	Name on Credit Card _____
	<input type="checkbox"/> Visa	Credit Card Number _____
	<input type="checkbox"/> American Express	Expiry Date M M Y Y _____
		Card Holder's Signature _____

Student Signature

Date

Personal information on this form is collected under the authority of the Post Secondary Learning Act and protected under Alberta's Freedom of Information and Protection of Privacy Act for authorized purposes including administration of records and production of transcripts. For any questions concerning the collection and use of this information, call the Registrar at (780) 539-2944.