

## TRANSCRIPT REQUEST FORM

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Personal Information:	
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First Name:	Last Name:
Maiden Name (if applicable):	Date of Birth:
Phone Number:	Email Address:
Number of Copies Required: Please submit one request form per destination. Each transe When would you like your transcript produced?	cript is \$18.
<ul><li>☐ Immediately</li><li>☐ After Fall Degree Conferred (Nov.)</li><li>☐ After Spring Degree Conferred (June)</li></ul>	<ul><li>□ After Fall Term Final Marks (Jan.)</li><li>□ After Winter Term Final Marks (May)</li><li>□ After Spring Term Final Marks (Sept.)</li></ul>
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	ority of the Royal Charter of 1841, as amended. The information collected will be lest as identified on this form. For more information, please contact the Office of In Street, Kingston, Ontario, K7L 3N6, 613-533-6894
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