



TCI COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

AMT. PD.: \$ _____
DATE PD.: _____
RECPT #: _____
INITIAL: _____

Instructions: In order for this request to be properly processed please make sure that all areas are filled out and printed clearly. Please allow one-to-two weeks, from the date received by the Registrar, for processing. NO TRANSCRIPTS will be processed unless you are free of all financial obligations with TCICC.

NAME OF STUDENT: _____

STUDENT REGISTRATION NO.: _____ **TELEPHONE CONTACT:** _____

PROGRAMME/COURSE(S): _____ **PERIOD:** _____ - _____

TRANSCRIPTS ARE SENT DIRECTLY FROM SCHOOL TO SCHOOL. IF FEDEX OR OTHER EXPRESSED MAIL IS REQUESTED, MONEY MUST BE PAID TO THE COLLEGE TO FACILITATE ANY FINANCIAL EXPENSES INCURRED.

FULL NAME AND ADDRESS(S) FOR TRANSCRIPT(S) TO BE SENT:

REQUEST 1:

NUMBER OF TRANSCRIPT(S) TO BE SENT: ()

STUDENT'S SIGNATURE

DATE

REQUEST 2:

REQUEST 3:

OFFICIAL USE ONLY

OUTSTANDING FEES: _____

COMMENTS:

REGISTRAR'S SIGNATURE

DATE RECEIVED BY REGISTRAR