Office of the Registrar
11762 - 106 Street, NW Suite 1000,
Edmonton, AB, T5G 3H1
Phone: (780) 471-6248 FAX: (780) 471-8490

TRANSCRIPT REQUEST FORM

Collection and Use of Personal Information: The personal information on this form is being collected under the mandate of the Technical Institutes Act, and is needed to process your request for a copy of your transcript. This information is protected under the provisions of the Alberta Freedom of Information and Protection of Privacy Act. If you have any questions about the collection or use of this information, contact the Office of the Registrar, Suite 1000, 11762 - 106 Street, NW, Edmonton, Alberta T5G 3H1, (780) 471-6248 or toll-free at 1-800-661-4077.

PROVIDE FULL NAME AND ADDRESS BELOW: (Please Print)

_____
Last *First* *Middle*

_____
Street

_____
City/Province *Postal Code*

NAIT ID Number: _____

Date of Birth: _____

*Former Name *(if applicable)*: _____

Home Telephone: _____

Business Telephone: _____

*Name Change Documents required

DETAILS OF ATTENDANCE:

Attended Day Program: ❑

Program Name: _____

Dates of Attendance: _____

GRAD ❑ NON-GRAD ❑

Attended Continuing Education: ❑

Dates Of Attendance: _____

_____

ISSUING INSTRUCTIONS: (Note if requesting transcripts to be sent to more than two addresses, more than one form is required.)

SEND IMMEDIATELY ❑

_____ Number of Copies

_____ Mail to address below

_____ To be picked-up (Photo ID required at time of pick-up)

HOLD FOR FINAL MARKS ❑

❑ 1st Term (available end of Jan.) ❑ 2nd Term (available end of May)

_____ Number of Copies

_____ Mail to address below

_____ To be picked-up (Photo ID required at time of pick-up)

MAIL TRANSCRIPTS TO: (Provide full address)

1.

MAIL TRANSCRIPTS TO: (Provide full address)

2.

NOTES:

1. **TRANSCRIPT FEE -** Payable in advance. Cheques should be made payable to NAIT.
2. Transcripts are normally issued within three to five working days of receipt of request.
3. Transcripts may not be ordered by, or released to a third party, without written authorization by the student.
4. View website for fees (www.nait.ab.ca/webcalendar/mischarges.htm).

Signature: _____ Date: _____

OFFICE USE ONLY:

Date sent: _____ _____

CASHIER'S STAMP:

METHOD OF PAYMENT: ❑ Cheque ❑ Cash

❑ VISA ❑ MasterCard ❑ American Express

Credit Card Number: _____

Expiry Date: _____

Card Holder's Name: _____