Newman Theological College
FAITH SEEKING UNDERSTANDING

**Office of the Registrar**
10012-84 Street, Edmonton, AB T6A 0B2
Inquiries - toll free 1.844.392.2450, phone: 780.392.2451, fax: 780.462.4013
email: registrar@newman.edu, website: www.newman.edu

# TRANSCRIPT REQUEST FORM 2016-17

*The Registrar's office is not responsible for transcript deadlines.*

Note: Transcripts will not be issued to students with outstanding balances owing to NTC.

## PERSONAL INFORMATION Please fill in all information in full (please print)

| Legal Surname | First Name | Middle Name |
|---|---|---|
| Former Name(s) (if applicable) | Address | City/Province |
| Postal Code | Birth Date (yy/mm/dd) | ☐ Check if you want us to update your address. |
| Home Phone: | Work Phone: Ext.: | Cell Phone: | Email Address: |

Note: if this is a name change for the college the student must complete a **Change of Name** form and provide the registrar with at least one of the following official Government issued identification.
Valid Driver's License* Provincial ID card* Valid Passport* Citizen Documentation*
* Only current ID will be recognized as valid. Expired ID will not be accepted for a name change. The Registrar's office staff member shall verify ID and record the applicable number on the form.

## DETAILS OF ATTENDANCE

| Attended NTC | NTC Student ID |
|---|---|
| ☐ Yes ☐ No | |
| Current/Previous Program Name: | Year(s) Attended: |

## PROCESSING INSTRUCTIONS

Check only ONE of the boxes below (use a separate form for each request)

- ☐ Mail immediately (Note: Grades for courses recently completed may not be available or approved.)
- ☐ Mail when ☐ Fall ☐ Winter Semester grades are available
- ☐ Mail when ☐ Intersession ☐ Summer Semester grades are available
- ☐ Mail when degree awarded
- ☐ Mail after grade change for _____ (Course)
- ☐ Fax request: Fax # _____ Attention:

Total Number of Transcripts Requested: _____

Note: Transcripts may be ordered by, or released to a third party, upon presentation of written authorization obtained from the student.

☐ Individual Envelope(s)

## PICK UP/MAILING INSTRUCTIONS

☐ Will pick up (photo identification is required at time of pick-up) *Note: Transcripts for pick-up will only be held for 90 days.*

**OR**

☐ Mail:

1.
# of copies _____

Mail:

2.
# of copies _____

## PAYMENT OPTIONS

☐ Visa ☐ MC ☐ Cheque ☐ Cash Comments: _____

Credit Card #: Expiry Date:

## AUTHORIZATION

I authorize NTC to release transcripts of my academic record.

Signature: _____ Date:

The personal information collected on this application form is used to maintain NTC records in processing your enrolment, monitoring academic progress, providing tax receipts, distributing follow-up College-related information, College research, awards, graduation and fundraising/alumni contact. In signing this form, an individual consents to the use of their personal information for these purposes by NTC or disclosure to third parties for operational purposes that are consistent with the mission of NTC or as required by the Statistics Act (Canada) or by the government of Alberta. This information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* section 33(c). If you have any questions about the collection of your personal information, please contact the Registrar at 10012-84 Street NW, Edmonton, AB T6A 0B2 or by telephone at (780) 392-2451.

I agree to be governed by the policies, rules and regulations as set forth by NTC. I acknowledge that I have read the NTC Privacy Commitment (as it may be updated from time to time) located at www.newman.edu/privacy and hereby consent to the collection, use and disclosure by NTC and the Archdiocese of Edmonton and its agents of my personal information (whether previously collected or to be collected) for the purposes identified in the NTC Privacy Commitment.

Paid: _____ Received: _____ Shipped: _____