

TRANSCRIPT REQUEST FORM

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)		<input type="radio"/> 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 <input type="radio"/> Yes <input type="radio"/> No	NTC Student ID
Current/Previous Program Name:	Year(s) Attended:

PROCESSING INSTRUCTIONS

Check only ONE of the boxes below (use a separate form for each request) <input type="radio"/> Mail immediately (Note: Grades for courses recently completed may not be available or approved.) <input type="radio"/> Mail when <input type="radio"/> Fall <input type="radio"/> Winter Semester grades are available <input type="radio"/> Mail when <input type="radio"/> Intersession <input type="radio"/> Summer Semester grades are available <input type="radio"/> Mail when degree awarded <input type="radio"/> Mail after grade change for _____ (Course) <input type="radio"/> 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. <input type="radio"/> Individual Envelope(s)
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PICK UP/MAILING INSTRUCTIONS

<input type="radio"/> Will pick up (photo identification is required at time of pick-up) <i>Note: Transcripts for pick-up will only be held for 90 days.</i>	
OR	
<input type="radio"/> Mail: _____ 1. _____ # of copies _____	<input type="radio"/> Mail: _____ 2. _____ # of copies _____

PAYMENT OPTIONS- Fee: \$20/copy

<input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> Cheque <input type="radio"/> Cash Comments: _____
Credit Card #: _____ Expiry Date: _____ CVV: _____

AUTHORIZATION

I authorize NTC to release transcripts of my academic record.	
Signature: _____	Date: _____
Newman Theological College (NTC) collects students' personal information to maintain records in processing your enrolment, monitoring academic progress, providing tax receipts, distributing follow-up College-related information, College research, program assessment, 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 <i>Freedom of Information and Protection of Privacy Act</i> section 33(c). If you have any questions about the collection of your personal information, please contact the Privacy Officer, Dr. Jason West, at 10012-84 Street NW, Edmonton, AB T6A 0B2 or by telephone at (780) 392-2450. 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 Policy located at https://www.newman.edu/NTCPrivacyPolicy and hereby consent to the collection, use and disclosure by NTC, The Foundation of SJS and 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 Policy..	

Paid: _____ Received: _____ Shipped: _____