

STUDENT INFORMATION:

Last Name: _____ First Name: _____
 Middle Name: _____ Maiden Name: _____
 Current Address: Apt/Unit # _____ Street _____ City _____ Province _____
 Postal Code _____ Country _____ Date of Birth (mm/dd/yyyy): _____
 Phone Number (Daytime): _____ Email: _____
 Student ID # (if known): _____ Program of Study: _____
 School: Undergraduate Seminary Major(s): _____
 Currently registered at Tyndale: Yes No Attended from _____ to _____ Graduation Year: _____

STUDENT'S SIGNATURE: _____ **DATE OF REQUEST (mm/dd/yyyy):** _____

PROCESSING TIME (please check one):

- Send transcript with normal processing time
- Send transcript with RUSH processing time
- Hold for Fall Semester grades
- Hold for Winter Semester grades
- Hold for Spring/Summer grades
- Hold until degree conferred
- Other _____

IMPORTANT NOTES:

1. Fees:
 - \$10 – first official copy
 - \$8 - each additional copy (requested at the same time)
 - Additional \$10 – RUSH processing fee
2. Requests are processed within the designated time frame:
 - Normal processing time: 5-7 business days
 - Rush requests: processed within 24 hours (1 business day). Rush service not guaranteed during peak seasons.
3. After processing, transcripts are sent out by regular mail unless you request courier service (additional fees apply: tyndale.ca/registrar/transcript-request).
4. Transcripts cannot be released until payment is processed.
5. Transcripts will not be issued if you have **an outstanding account or hold(s)** on your record.

TRANSCRIPT COPY (please check and specify):

- _____ OFFICIAL Copies
- ONE (1) UNOFFICIAL Copy

TRANSCRIPT TO BE:

- Mailed to institution/organization at the address below:
 Person/Department _____

 Institution _____

 Street _____
 City _____ Province _____
 Postal Code _____ Country _____

- Mailed to student's current address
- Picked up by student or by _____ (specified)
- Other _____

PAYMENT OPTIONS:

- Credit Card Cash Interac Money Order

! Personal cheques are not accepted.

VISA/MasterCard Debit cards can only be processed in person.

Credit card # and expiry date can be indicated below or left in our password-protected message box at (416) 226-6620 ext. 2195.

----- (This portion will be detached upon completion) -----

VISA/MasterCard Credit Card Number:

Expiry Date: _____ / _____ CVV: _____

Name on Card: _____

OFFICE OF THE REGISTRAR'S USE ONLY:

Date Received:	Approved by:
Received by:	Sent on:
Amount Paid:	Processed by:
Payment Received by:	Hold(s):