

**Office of the Registrar**

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# Seneca

## Official Transcript Request

**Transcript Request Processing Fee:**

\$10.00 + \$1.30 (H.S.T) per copy

↶ \_\_\_\_\_ ↶ \_\_\_\_\_ ↶ \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Student ID Number Date of Birth

➔ Number of Copies: \_\_\_\_\_ Seneca Email Address \_\_\_\_\_ Alternate Email Address \_\_\_\_\_

Are you a Seneca Graduate? Yes No

\_\_\_\_\_  
Street Address Apt. / Unit No. City/Town

\_\_\_\_\_  
Province Postal Code ( ) Preferred Telephone Number Surname - While Attending Seneca College

Address - While Attending Seneca College: \_\_\_\_\_

\_\_\_\_\_  
Program/Course Year(s) Attended

Transcript to be sent to: (provide full name and address) \_\_\_\_\_  
Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I have read the above statement and hereby authorize the release of information contained herein to the above mentioned.

Date: \_\_\_\_\_

**OFFICE USE ONLY:**

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