Transcript Request Form

PO Box 700, 2160 Fourth Line
Ohsweken ON N0A 1M0
519 445-0023 telephone 519 445-4416 fax
www.snpolytechnic.com

PLEASE PRINT CLEARLY

Legal Surname	First Name	Middle Name(s)
Former Surname (if applicable)	Name of Program	Last Year Attended
Home Telephone #	Business Phone #	Date of Birth

Mailing Address	Blue Flag # or Street #	Street or Road Name	Apt #	RR #	City	Prov	Postal Code
	P.O. Box	City	Prov	Postal Code	E-mail Address		

If Applicable, specify reference numbers if the transcript is accompanying an admissions application

OUAC (Ontario Universities' Application Centre): [ ][ ][ ][ ] [ ][ ][ ][ ][ ][ ] – [ ]

Example: 2 0 2 0 - 1 2 3 4 5 6 - 0

Specify number of transcripts required: [ ] *(Limit of 5 transcripts per request)*

Send transcript:

- [ ] Mail to Address above
- [ ] Mail to Address below
- [ ] Pick-up (Identification may be required)
- [ ] Email to Address above
- [ ] Email to Address below

Mailing address(s) (Example: Your funder or Post-Secondary school applying to)

1)

Email

2)

Email

3)

Email

I, the undersigned, hereby authorize Six Nations Polytechnic to furnish my official transcripts of my academic records as indicated above or on attached correspondence. I hereby waive any right of action against Six Nations Polytechnic in compliance with this authorized request.

Student's Signature Date

Office Use Only	
Date mailed/ emailed:	Date picked up: