

# REQUEST FOR OFFICIAL TRANSCRIPT OF ACADEMIC RECORD

Selkirk College – Student Records  
301 Frank Beinder Way  
Castlegar BC V1N 4L3  
250.365.1259 / [transcripts@selkirk.ca](mailto:transcripts@selkirk.ca)



## PERSONAL INFORMATION

Student Number \_\_\_\_\_ Unknown  Birth date (year/m/d) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Previous Last Name \_\_\_\_\_

Street/Box \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

## TRANSCRIPT INFORMATION

Attended Selkirk prior to 1979  Attended KSA prior to 2008  N/A

Include Community Education Courses  Yes  No

Number of Transcripts Required \_\_\_\_\_ \*Please use one request form per destination

## WHEN SHOULD THIS TRANSCRIPT BE PREPARED

Five day service: processed within 5 business days after ordering (\$10.00/copy)

Same Day Service: Transcripts are processed for same day pick up at the Castlegar campus (*in person request only and subject to availability*) or sent by regular mail the next business day (\$25.00/copy)

When my grades for the current semester are entered (\$10.00/copy)

When certificate/diploma notation has been added to my student record (\$10.00/copy)

## HOW SHOULD THIS TRANSCRIPT BE DELIVERED

Note: Selkirk does not provide courier service. All transcripts are mailed via Canada Post.

Send via regular mail

Send via regular mail and Email a scanned copy (additional \$6.50 charge) to: \_\_\_\_\_

I will pick up at the:  Castlegar Campus  10<sup>th</sup> St Campus  Silver King Campus  Trail Campus

If you will not be picking up this order in person, enter the name of a person authorized to pick up on your behalf: \_\_\_\_\_

## THIS TRANSCRIPT SHOULD BE MAILED TO

Name/Institution/Agency \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION (debit cards, cash or cheque in person only) – Overpayments will not be returned

Total Fees \_\_\_\_\_

Credit Card Type  VISA  MasterCard

Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on Card: \_\_\_\_\_