# Champlain COLLEGE SAINT-LAMBERT

# TRANSCRIPT REQUEST
OFFICE OF THE REGISTRAR

900 Riverside Drive
Saint-Lambert, Québec J4P 3P2
Tel.: (450) 672-7360
Fax: (450) 672-8297

Name: _____

Address: _____

_____

_____ (Include Postal Code)

*DO NOT WRITE OUTSIDE OF THIS SPACE*

Champlain Student No.:

or Date of Birth

Yr Mo Dy

Date of Request: _____

## Telephone Number(s)

Home: ___ – ___ – ____

Cell: ___ – ___ – ____

## Are you currently at Champlain?

In the day division: Yes ☐ No ☐

In Continuing Education: Yes ☐ No ☐

## Have you graduated?

Yes ☐ When? _____ No ☐

**PLEASE NOTE:**
Official transcripts are not issued to the student, but are sent directly to the institution indicated.

*TRANSCRIPTS ARE NOT SENT ELECTRONICALLY*

## Send Transcript to:

_____

_____

_____

_____ (Include Postal Code)

*DO NOT WRITE OUTSIDE OF THIS SPACE*
*PLEASE PRINT CLEARLY & PROVIDE COMPLETE MAILING ADDRESS*

## Special Instructions - Please Mail:

☐ Immediately

☐ After Final Fall results (January)

☐ After Final Winter results (June)

☐ After Final Summer results (August)

*FOR OFFICE USE ONLY*

Date Mailed _____ Paid _____

Per _____

## Student Signature :

X _____

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**PAYMENT INFORMATION:** THERE IS A $5.00 FEE PER INSTIUTION / ORGANIZATION THAT YOUR TRANSCRIPTS ARE SENT TO.

**CHARGE TO:** ☐ VISA ☐ MASTERCARD

**NAME** (As It Appears on Card): _____

**CARD NUMBER:** _____ **EXPIRY:** ____ ____ (MO YR)

**CARD HOLDER SIGNATURE:** _____

***Once your payment has be processed, your payment information will be destroyed.***