



# ST. CLAIR

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## COLLEGE

### REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

SOUTH, CAMPUS 2000 TALBOT Road West  
Windsor, ON N9A 6S4  
Tel: (519) 972-2759  
Fax: (519) 972-3811  
Web address: www.stclaircollege.ca

Name:

\_\_\_\_\_

Last (Family) Name

\_\_\_\_\_

Former Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Phone Number:

Address:

\_\_\_\_\_

Number

Street

Apt.

\_\_\_\_\_

City

Province

Postal

Student Number:

\_\_\_\_\_

Number of Copies:

\_\_\_\_\_

Mail through

Canada Post immediately:

Pick Up in person

at the Registration Office  
with photo ID:

Process at the end of the

current semester & mail by  
Canada Post

Please send Official Transcript(s) to:

To the following address (Please Print)

OR

Above Address:

(Student must provide a complete and accurate address for mailing purposes)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Freedom of Information and Protection of Privacy Act:**

St. Clair College adheres to the Freedom of Information and Protection of Privacy Act 2002, S.O. 2002, Chapter 8 Schedule F, Section 6.

Student records are confidential and transcripts are issued only upon the request of the student. If you have past debit with the college, Official Transcripts cannot be issued until the debt is cleared.

Request for Transcripts will be limited to ten (10) per semester. Request beyond the above will incur costs.

Student Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

OFFICE USE ONLY:

Posted: \_\_\_\_\_

Sent: \_\_\_\_\_