ST. CLAIR COLLEGE

REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

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

Email: transcripts@stclaircollege.ca

Name: _____ _____
Last (Family) Name Former Last Name

_____ _____
First Name Middle Name

Address: _____
Number Street Apt.

_____
City Province Postal

Date of Birth: _____ Phone Number: _____

Student Number: _____ Email Address: _____

Last 3 digits of your SIN: _____
If you are unable to provide your student ID, please provide the last 3 digits of your social insurance number for account verification

We are currently providing official transcripts in PDF format.

If your transcripts need to be sent directly to another school, please provide the email address:

_____

Notes: *If you have any debts outstanding with the college,* ***Official Transcripts cannot be issued until the debt is cleared.***
Allow ***3 -5 working*** *days for the processing of a transcript once a request is received.*
Please note that Graduation Status transcript requests can take up to ***4 weeks*** *from end of semester to process.*

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

Student Signature: _____ Date: _____

OFFICE USE ONLY:

Posted: _____ Sent: _____