



# BMC Teachers' College

33 S. Vincent, S. Agathe, Quebec J8C 2A5  
 (819) 321-1111 Fax: (819) 321-1062  
 www.SeminaryBMC.org

## ACADEMIC TRANSCRIPT REQUEST FORM

Student's Name		Married Name	Maiden Name	Given Name(s)
Birth Date day/month/year				Enrollment <input type="checkbox"/> Sem N <input type="checkbox"/> Sem 2
Home Phone		Cell Phone		
Email Address				
Current Address				
City	State/Province	Postal Code	Country	

**TRANSCRIPTS ARE ONLY PREPARED FOR STUDENTS WHO ARE CURRENT WITH ALL FINANCIAL OBLIGATIONS.**

\$25 fee per official transcript

By request, a copy of your transcript may be sent by fax or email to the same recipient followed by an official transcript at no extra charge.

Please check all that apply:

- Email my transcript \_\_\_\_\_
- Fax my transcript \_\_\_\_\_
- Mail my official sealed transcript

Mail transcript to: \_\_\_\_\_  
 Attention: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Instructions:

Payment options

Amount \$25 (each transcript) x \_\_\_\_\_ = \_\_\_\_\_

Visa  MasterCard  Personal check

Credit Card Number \_\_\_\_\_ Exp. \_\_/\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use			
<input type="checkbox"/> Copy to Student File	<input type="checkbox"/> Transcript Emailed/Faxed	<input type="checkbox"/> Application sent	Date: _____