# Request for Transcript

Registrar's Office
Durham College
2000 Simcoe Street North, Oshawa, ON L1H 7K4 Canada

Tel: 905-721-3043
Fax: 905-721-3113
www.durhamc.on.ca

Date: _____

**FEES:** 8.00 per copy. Payment must be made before transcript will be mailed. **Please allow at least 2 WEEKS to have your request processed.** Make cheque payable to Durham College or complete the information below for payment by credit card.

MASTERCARD ☐ AMERICAN EXPRESS ☐ VISA ☐ DEBIT CARD ☐ CASH ☐

CREDIT CARD # EXPIRY DATE:

| **PERSONAL** | | |
|---|---|---|
| Student Number: | Home Telephone | Business Telephone |
| Date of Birth: | | |
| Last Name: | First Name: | |
| Name while in attendance at Durham College: | | |
| Address: | City | Postal Code |

| **POST-SECONDARY EDUCATION** | | |
|---|---|---|
| **Most recent post secondary program:** | | |
| Program Attended: | | |
| Years Attended: | Graduation Year: | Withdrew Year: |
| **Prior post secondary program:** | | |
| Program Attended: | | |
| Years Attended: | Graduation Year: | Withdrew Year: |

**Continuous Learning (Night School) – Please list below**

| Subject Name | Year Attended | Subject Name | Year Attended | Subject Name | Year Attended |
|---|---|---|---|---|---|
| | | | | | |
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**Forward an Official Transcript to the following address(es): For University or College please have complete address and reference number.**

| | |
|---|---|
| 1. | Copies |
| 2. | Copies |
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Updated: December 2003