

Transcript Request Form

FULL NAME (WHILE ATTENDING PEARSON) *

CURRENT SURNAME (IF DIFFERENT FROM ABOVE)

DATE OF BIRTH *

GRADUATING YEAR *

EMAIL *

HOME PHONE

BUSINESS OR CELL NUMBER

PLEASE CHOOSE ONE OF THE FOLLOWING FOR TRANSCRIPT DELIVERY *

- EMAIL TO MYSELF OR DIFFERENT INDIVIDUAL(S)
- MAIL TO MYSELF OR DIFFERENT INDIVIDUAL(S)/INSTITUTION(S)

DETAILS FOR EMAIL OR MAIL

FEES: CAD \$25 FOR ONE CERTIFIED COPY AND CAD \$10 FOR EACH ADDITIONAL COPY

NUMBER OF COPIES

TOTAL AMOUNT OWING

PAYABLE BY

- CHEQUE (MADE PAYABLE TO PEARSON COLLEGE AND MAILED TO TRANSCRIPT REQUESTS, PEARSON COLLEGE, 650 PEARSON COLLEGE DRIVE, VICTORIA, BC V9C 4H7)
- VISA OR MASTERCARD

CREDIT CARD NUMBER

EXP. DATE

SECURITY CODE

IS THIS A RUSH OR COURIER DELIVERY ORDER?

- YES
 - NO
- IF YES, WE WILL INFORM YOU OF THE ADDITIONAL CHARGES BY EMAIL.