

Document Request

PERSONAL INFORMATION

Last Name	Given Name(s)	
Previous Last Name (If applicable)		
Northern Lakes College Student ID	Date of Birth (yy/mm/dd)	Telephone Number ()
Current Mailing Address		
City/Town	Province	Postal Code

DOCUMENT INFORMATION

Transcript Certificate Diploma

Number of Copies	Document Type	Year of Completion	Campus	Name of Program

SIGNATURE

This request will be processed only if signed by the student and appropriate fees are remitted.

Signature of Student

Date

DOCUMENT FEES

I would like to order _____ Document(s) (at \$15.00 each) for a total cost of \$_____.
(No. of Documents)

Transcripts to be sent: Immediately After Fall Results After Winter Results Other _____
(Specify)

Transcript(s) to be sent to:

PAYMENT METHOD Cash VISA Master Card Cheque/money order payable to: Northern Lakes College
Do not post-date cheques.

PLEASE MAIL PAYMENT AND REQUEST TO:

Student Records, Northern Lakes College OR Fax to: (780) 751-3355 OR Email: records@northernlakescollege.ca
Bag 3000, GROUARD, AB T0G 1C0

Complete the following section only if paying by credit card

Cardholder Name as printed on Credit Card	Signature:
Card Number	Expiry Date:

Your personal information is collected under the authority of the Post Secondary Learning Act and Section 33c of the Freedom of Information and Protection of Privacy Act (F.O.I.P) and is protected under the latter Act. Information on this form is used to determine your eligibility for program(s) or service(s), manage your enrollment, contact you after you leave, evaluate effectiveness of marketing, and generate statistics and reports. If you have any questions about the collection and use of this information, please contact 1-780-751-3259.