

Personal Information	n:		
Last Name:		<b>Preferred First Name</b>	:
(include former)		(internal use only)	
Legal First and		Date of Birth:	
Middle Name:			
Student Number: (if known)		Phone Number:	
Learner Email:			
<ul> <li>Academic records signature. Official</li> <li>Completed transcripts Official transcripts learner has permis</li> </ul>	t be issued until all financial obligations to the L are confidential; transcripts are issued only up transcripts are legal documents and will include ript request forms can be submitted by email: re can be sent electronically through MyCreds <sup>™</sup> ssion to forward the transcript to the intended re only be submitted after all grades are entered.	on receipt of this request form b e the learner's legal name. egistrar@stfx.ca to the learner email address ind	5 6
Transcript Order:			
	scripts Required - \$10.00 each		
For application o Education, a Cer	of Nova Scotia license upgrade - I have rec rtificate in Outdoor Education or the Maste	cently completed a Certificate or of Education course require	e in Elementary Mathematics ements.
Processing Options	– Please select one		
•	sing: 3-5 business days from date received		
Same Day Proce	essing: Same business day if received by	10am. Additional fee of \$15	00 per transcript
Delivery Method – Pl	ease select one		Additional Fees
Send through My	yCreds <sup>™</sup> – Provide email address above.		
Hold for Pick Up. Photo ID required. Transcripts will be held for 6 months.		ld for 6 months.	No additional fee
Regular Mail (Canada Post) – Provide mailing address below.		No additional fee	
below. Transcrip	spost (available within Canada only) – Pro ts returned due to an invalid address will r ) to the requestor.		\$10.00 within Canada
Send by Courier – Provide civic mailing address and phone number below. Transcripts returned due to an invalid address will result in additional charges to the requestor equivalent to the original shipping charge.		\$20.00 within Canada \$30.00 for US \$50.00 for International	
Recipient Informatio	on: Required only for courier and E	expresspost delivery	
Address:			
Phone Number:			
Payment Information	n:		
Debit. Only if req	uesting in person.		
Cheque			

Original Signature of Learner:	Date:	
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Expiry Date: