

## TRANSCRIPT REQUEST

Fill out this form and email to **transcripts@cbu.ca**, fax to **(902) 563-1371** or mail to the address at the top of this page.

Please provide all information on this form, including Date of Birth and Student ID (if known). If you require transcripts to be sent by multiple delivery options, please submit a separate request form for each. For email requests to institutions, you must provide us with the email address to which it is being sent.

### STUDENT INFORMATION

CBU Email: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Former Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Currently enrolled at CBU:  Yes  No If No, give date of last attendance: \_\_\_\_\_

Program: \_\_\_\_\_

Are you a current or former student of The Canadian International College (CIC) Cairo?  Yes  No

If yes, please provide your CIC ID# \_\_\_\_\_

### TRANSCRIPT INFORMATION

#### Please send:

- Immediately  
 After Current Semester Results

#### Transcripts will be:

- Picked up by student  
 Mailed to address below

#### Send by:

- Mail  
 Xpresspost  
 Courier  
 Fax # \_\_\_\_\_  
 Email

*\*If requesting both, please submit 2 separate requests forms*

Number of transcripts required: \_\_\_\_\_

### RECIPIENT INFORMATION

Send to: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Institution Email: \_\_\_\_\_

*Phone number must be included for Courier and Xpresspost Requests.*