



# Transcript Request Form

This **completed and signed form** (emailed or mailed to the Registrar) is required in order for transcripts to be released. This is in compliance with the Saskatchewan Freedom of Information and Protection of Privacy Act. We do not release transcripts if the student has outstanding fees on their account, nor do we release copies of transcripts from other institutions.

**Mail form to:**  
Eston College Registrar  
808 Assiniboine Ave E  
Regina, SK S4V 0K6

**Email form to:**  
registrar@estoncollege.ca

Student Name (Last, First)	Previous Last Name (if applicable):
Current Mailing Address (Street, City, Province, Postal Code):	Date of Birth (mm/dd/yyyy):
	Years Attended:
	to
Email Address:	Phone Number:

Please send transcript(s): ☐ Immediately OR ☐ After current semester marks are posted

Transcript Fees: Eston College accepts payments by **e-transfers, cash or debit, cheques/money orders, through our website, or by credit card.** Fees cannot be charged to a student account.

**Transcripts will be released once payment has been received.**

I am paying ☐ by e-transfer to accounts@estoncollege.ca  
☐ by Cash or Debit Payment made at Eston College  
☐ by Cheque/Money Order made payable to Eston College  
☐ Through the college website (estoncollege.ca/pay)  
☐ by Credit Card (see my information below)

Credit Card Number:	Expiry date (mm/yy):	3 Digit Verification Code (CVV):
Total transcript fee being paid:	Student signature:	

**OFFICIAL TRANSCRIPT ORDER:** (\$15.00 per transcript, \$5.00 per each additional transcript requested at the same time)

Please send an official copy of my transcript to:

☐ My address above in a sealed envelope [# of copies: \_\_\_\_\_] **AND / OR** ☐ The address(es) below

Institution:	Institution:		
Attn:	No. of Copies:	Attn:	No. of Copies:
Address:		Address:	

**UNOFFICIAL TRANSCRIPT ORDER:** (\$15.00 per transcript, \$5.00 per each additional transcript requested at the same time)

Please send me a personal, unofficial copy of my transcript (without Registrar's signature and EC seal) to my:

☐ Mailing Address **AND / OR** ☐ Email Address in .PDF format

**For Office Use Only:**

Date Request Received \_\_\_\_\_ Date Payment Received \_\_\_\_\_ Mailing Date \_\_\_\_\_