



OFFICIAL TRANSCRIPT AND/OR REPLACEMENT PARCHMENT REQUEST FORM

This form is to be completed when a current or former student is requesting an official transcript and/or a replacement certificate/diploma parchment. **Email completed forms for payment processing to: csr@mitt.ca** Minimum processing time is five (5) business days.

SECTION A: Student Information

Last Name: _____ First Name: _____
Student ID: _____ Email: _____
Program: _____ Program End Date: _____

SECTION B: Document Type Requested

Please use a separate form for each document type requested.

OFFICIAL TRANSCRIPT	An additional Archive Search Fee of \$16.55 will be applied to transcripts and parchments when document search/return requests require the student file be obtained from archival storage.
<ul style="list-style-type: none"> • Official transcripts display a list of courses that have been completed and graded • Current/future course registrations are not included. • Not available for ELI students who attended before Fall 2016 <p style="text-align: center;">Number of transcripts requested @ \$23.00 each: _____</p>	
REPLACEMENT CERTIFICATE/DIPLOMA PARCHMENT	
<p style="text-align: center;">Number of parchments requested @ \$55.50 each: _____</p>	

SECTION C: Delivery and Pick Up Options

Please **select only one** (1) delivery or pick up option:

EMAIL	MAIL
<input type="checkbox"/> Email my document to my email address as listed in the Student Information section above or <input type="checkbox"/> Email my document to the following email address: _____	<input type="checkbox"/> Mail my document to my Canadian address in my Student Portal Account. I have logged into my account and verified my address is correct. I understand a mailing fee of \$5.25 will be applied. <input type="checkbox"/> Mail my document to the following Canadian address. I understand a mailing fee of \$5.25 will be applied.
PICK UP	
I will pick up my document at the MITT Campus at: <input type="checkbox"/> 130 Henlow Bay or <input type="checkbox"/> 1551 Pembina Highway	Name _____ Street Address _____ City _____ Province _____ Postal Code _____

SECTION D: Payment Method

By completing this section, you authorize MITT to charge the credit card the total indicated below.

Select your card type: Visa MasterCard American Express Debit Card (in-person orders only)
Name on Credit Card: _____ Cardholder Signature: _____
Card Number: _____ Expiry Date (mm/yy): _____
Security Code (3 digits on back of card): _____ **TOTAL: \$** _____

OFFICE USE ONLY

Verified Student Account
CSR: _____