

For Office Use Only

Amount Paid \_\_\_\_\_

Initials \_\_\_\_\_



## Request for Official Transcript

You can order your Transcript in person, by fax, mail or by clicking 'Submit Form'

<b>First Name</b>	<b>Last Name</b>
<b>Student Number</b>	<b>Date of Birth</b>
<b>Street Address</b>	<b>City, Province, Postal Code</b>
<b>Phone Number</b>	<b>Email address</b>

### Type of Service:

Service	Cost	# of Copies
<input type="checkbox"/> Regular (5 business days)	\$5.25 (including GST) per copy	
<input type="checkbox"/> Rush (less than 5 business days)	\$26.25* (including GST) per copy <small>*This fee does not include courier charges. Courier to be arranged by the requestor</small>	

### Delivery Method (Choose one):

<input type="checkbox"/> Pick up at JIBC Registration Office - 715 McBride Blvd, New Westminister, BC						
<input type="checkbox"/> JIBC to mail to student via Canada Post as per the address information above						
<input type="checkbox"/> JIBC to mail to the following organization via Canada Post (provide Organization Name and Address below):						
<table> <tr> <td><b>Organization Name</b></td> <td><b>Address</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	<b>Organization Name</b>	<b>Address</b>	_____	_____	_____	_____
<b>Organization Name</b>	<b>Address</b>					
_____	_____					
_____	_____					

### Payment Method

<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Credit Card Number	Expiry Date (mm/yy)	CVV	

I hereby authorized the Justice Institute of British Columbia to release educational records as outlined below, in accordance with the JIBC Student Records Policy, and to charge me as outlined above.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

### For Internal Use Only

<b>Date Transcript Processed:</b>	<b>Transcript Processed by:</b>
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JIBC Registration Office | 715 McBride Blvd, New Westminister, BC V3L 5T4 | records@jibc.ca | Fax 604-528-5653