



OFFICIAL TRANSCRIPT REQUEST FORM

Please indicate below whether you are requesting an official Academic or Continuing Education (CE) transcript;
Academic and CE courses appear on separate transcripts. Each transcript is issued at a charge of \$15.00 per copy.

Student Information:

Student ID: _____

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth (dd/mmm/yyyy): _____

Previous name (if applicable): _____

Current Mailing Address:

Address Line 1: _____

Address Line 2: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Phone: _____ Email: _____

Type of Transcript Requested:☐ Academic Transcript☐ Continuing Education Transcript**Number of Copies Requested:** _____ @**\$15.00** each = **Total \$** _____

Issue transcript to:☐ Myself at the address indicated above**OR:**☐ Certification Council c/o
National Institute of Disability Management and Research (NIDMAR)
4755 Cherry Creek Road
Port Alberni, BC V9Y 0A7**OR:**☐ Name/Organization: _____

Address:

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Delivery Method:

- ☐ Hand-deliver to Certification Council c/o NIDMAR (no additional charge)
- ☐ Mail to the issue address above (via Canada Post) (no additional charge)
- ☐ Courier to the issue address above (additional charges will apply; cannot courier to a P.O. Box)

Student Authorization

I hereby authorize the release of my official transcript as indicated above, and acknowledge the following:

- *I will be invoiced in MY PCU-WHS.*
- *Payment must be made before this request is processed. Payment can be made via My-PCU or by calling the accounting department at 778-421-0821 ext 203.*
- *If the invoice is not paid within 3 weeks of the invoice date, the transcript request will be nullified and I will need to submit a new transcript request.*
- *Transcripts will not be issued if any tuition or fees are outstanding.*
- *Delivery problems arising from incorrect information being provided are not the responsibility of PCU-WHS.*

Signature: _____

Date: _____

This information is collected under the authority of the Pacific Coast University for Workplace Health Sciences Act. This information will be protected and used in compliance with the BC Freedom of Information and Protection of Privacy Act for the purpose of admission, registration, graduation, research, and other purposes consistent with the mandate of the institution.

Send completed, signed, and dated form by email to:

Academic transcripts: education@pcu-whs.ca

Continuing Education transcripts: continuingeducation@pcu-whs.ca

Or by FAX: 778-421-0823