



OFFICE OF THE REGISTRAR TRANSCRIPT REQUEST STUDENT FORM

Aurora Campus
Admission Officer
P.O. Box 1008
INUUVIK, NT X0E 0T0
Phone: 867-777-7800
Fax: 867-777-2850
Toll Free: 866-287-2655

Thebacha Campus
Admission Officer
P.O. Box 600
FORT SMITH, NT X0E 0P0
Phone: 867-872-7500
Fax: 867-872-4511
Toll Free: 866-266-4966

Yellowknife Campus
Admission Officer
Bag 9700, 5004-54 Street
YELLOWKNIFE, NT X1A 2R3
Phone: 867-920-3030
Fax: 867-873-0333
Toll Free: 866-291-4866

1. A \$5.00 payment per transcript must accompany Transcript Request (effective February 11, 1997).
*Payment can be made by cheque or money order payable to Aurora College, credit card or cash if paying in person.
2. Transcripts are usually completed within five (5) working days. During busy periods, the time may be longer.
3. Transcript will not be issued should student owe monies to Aurora College.

STUDENT INFORMATION:

Student Name: Student ID #:

Previous Name (if applicable):

Mailing Address: Date of Birth:

Town/City: Province/Territory: SIN #:

Postal Code: Phone (Work): Phone (Home):

Email Address:

Indicate Most Recent Campus Attended, Year Attended and Program:

Campus: Year (s) Attended:

Program:

Signature: _____ Date: _____

Number of Transcripts Requested: x \$5.00 =

Would you prefer to pick up transcript in person from the Registrar Office?:

If yes, which Campus?

PLEASE FORWARD TRANSCRIPT TO ADDRESS BELOW:

Organization:

Mailing Address:

Town/City: Province/Territory: Postal Code:

PLEASE FORWARD TRANSCRIPT TO ADDRESS BELOW:

Organization:

Mailing Address:

Town/City: Province/Territory: Postal Code:

PLEASE FORWARD TRANSCRIPT TO ADDRESS BELOW:

Organization:

Mailing Address:

Town/City: Province/Territory: Postal Code:

* OFFICE OF THE REGISTRAR USE ONLY *

Amount Received: Received By:

Date Transcript Completed: Date Transcript Mailed:

OFFICE OF THE REGISTRAR, (Associate Registrar or Registrar):

Signature: _____ Date: _____