

TRANSCRIPT REQUEST



Blue Quills First Nations College
Office of the Registrar Rm # 107
Box 279, St. Paul, AB T0A-3A0
Fax: (780) 645-5215
E-mail: registrar@bluequills.ca

BQ Student
ID Number

For Pick-up Only Date: _____

APPLICANT'S INFORMATION

Last Name

First Name

Middle Name (required if any)

Apt # & Address / P.O. Box #

City

Prov.

Postal Code

Home Phone #

Business Phone #

Fax #

Birth Date (Day/Month/Year)

Former Last Name (If applies)

MAIL TRANSCRIPT TO

Mail immediately to me at the address above.

Mail to the address above by _____
Date

Mail immediately to the address(s) below.

Mail to the address(es) below by _____
Date

PLEASE INCLUDE FULL NAME & MAILING ADDRESS BELOW

Send _____ copy(s) to:

Send _____ copy(s) to:

Mail or deliver "Transcript Request Form" to the address above in care of the Registrar's Department, Room # 107.

APPLICANT'S SIGNATURE

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Date Mailed: _____

Rec #: _____ Staff Initial