

TRANSCRIPT REQUEST

Full Name: _____ Former Name (if applicable): _____

Current Address: _____

Phone: _____ Email: _____

Date of Birth (dd/mm/yyyy) _____ Last year of attendance: _____

Type of Transcript: Official Unofficial Number of copies requested _____

Complete name and address (and fax number, if applicable) of academic institution/official organization to which your official transcript is to be sent. (Include street address and phone number for transcripts to be sent by Xpress Post or courier.)

Complete one Transcript Request Form per academic institution/official organization.

Fax Number (if applicable): _____

Date: _____ Signature of Student: _____

TRANSCRIPT FEES AND POLICES

1. Normally, transcripts are prepared within 10 days after receipt of completed request and payment. If you require expedited service, please indicate the deadline for receipt by the receiving institution/organization: _____(dd/mm/yyyy)
2. There is no fee for transcripts sent by regular mail and/or by fax for student numbers starting with 2003 and later.
3. The fee for each transcript sent by regular mail and/or by fax for student numbers starting with 2002 and earlier is \$25.00.
4. If the transcript is to be sent by Xpresspost or courier within Canada the fee is \$30.00. If courier service is required outside of Canada, the total courier charge must be paid by the student prior to the transcript being released.
5. Official transcripts must be sent directly to another university/academic institution or official organization. Unofficial transcripts may be ordered by the student for personal use.
6. Occasionally, universities will require that the applicant submit official transcripts with an application for admission. In such circumstances AST will send the official transcript to the student in a signed, sealed envelope addressed to the receiving university. AST does guarantee that the receiving university will accept the transcript as official if it is received from the applicant rather than directly from AST. ***If you require this service, please place a check mark in the box:***
8. Student records are confidential and must be requested by the student in writing.
9. Transcripts will be issued only if all financial obligations to AST have been cleared.

TRANSCRIPT FEE PAYMENT – IF APPLICABLE (SEE #2, #3 AND #4 ABOVE)

Transcript fee payment must accompany this form. Cheques are payable to Atlantic School of Theology. For Visa or MasterCard payments please complete the attached transcript fee credit card payment form.

Send your completed Transcript Request Form by regular mail, fax or email to:

Regular Mail:
Registrar's Office
Atlantic School of Theology
660 Francklyn Street
Halifax, NS B3H 3B5

Fax:
902-492-4048
Attention: AST Registrar's Office

Email (scanned, signed pdf):
registrar@astheology.ns.ca
(include "Transcript Request"
in subject line)

FOR REGISTRAR'S OFFICE ONLY

Date received: _____ Payment required: Yes/No _____ Date of payment: _____

Notes/follow-up: _____

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**ATLANTIC SCHOOL OF THEOLOGY
TRANSCRIPT FEE CREDIT CARD PAYMENT FORM**

Complete this form and include it as a *single* page with your AST Transcript Request form.

Name: _____
Last First Middle

Phone number: _____

Transcript Fees:

The fee for each transcript sent by regular mail and/or by fax for student numbers starting with 2002 and earlier is \$25.00.

If the transcript is to be sent by Xpresspost or courier within Canada the fee is \$30.00. If courier service is required outside of Canada, the total courier charge must be paid by the student prior to the transcript being released.

Confirm the payment amount: \$ _____

Visa **or** MasterCard

Credit Card Number _____

Expiry Date: __/__/__ CVV _____
(mm/yy)

Cardholder's Name: _____

Cardholder's Signature: _____

Note:

- (1) *Visa debit* and *MasterCard debit* payments are accepted in person only at the AST Business Office.
- (2) Transcript fee credit card payment forms will be securely destroyed by the Registrar's Office after payment is successfully processed.

For Business Office Only

Amount received: _____

Payment method: _____

Date received: _____

Notes/follow up: _____

RETURN PROCESSED APPLICATION FEE CREDIT CARD PAYMENT FORM TO THE REGISTRAR