

AST TRANSCRIPT REQUEST FORM

Registrar's Office, Atlantic School of Theology
660 Francklyn Street, Halifax, Nova Scotia B3H 3H5
Telephone: (902) 425-3691



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 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.

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. 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.
3. 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.
4. 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 not 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:***
5. Student records are confidential and must be requested by the student in writing.
6. Transcripts will be issued only if all financial obligations to AST have been cleared.

TRANSCRIPT FEE PAYMENT – IF APPLICABLE (SEE #2 ABOVE)

Please contact the Business Office directly (businessoffice@astheology.ns.ca) to do an e-transfer or call 902-478-7793 to make a credit card payment.

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

Regular Mail: **Email:**
Registrar's Office registrar@astheology.ns.ca
Atlantic School of Theology (include "Transcript Request" in subject line)
660 Francklyn Street
Halifax NS B3H 3B5

FOR REGISTRAR'S OFFICE ONLY

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

Notes/follow-up: _____ Date sent: _____