



GRACE HOSPITAL

REQUEST FOR TRANSCRIPT

Please **SUBMIT** form to:

Administration

Grace Hospital, 300 Booth Drive

Winnipeg, Manitoba, R3J 3M7

Phone: 204-837-0388; Fax: 204-831-0029

<input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> MRS.	LEGAL SURNAME OF STUDENT:	GIVEN NAMES:	FORMER SURNAME (if applicable):	
STREET NO. & NAME:		CITY:	PROVINCE/STATE:	POSTAL/ZIP CODE:
HOME TELEPHONE: ()	BUSINESS TELEPHONE: ()	FAX: ()	EMAIL ADDRESS:	
DATE OF BIRTH: _____(Day) _____(Month) _____(Year)		YEARS ENROLLED: _____ TO _____		

REQUEST(s)

Please indicate the number of documents to be picked up **or** mailed **or** faxed.

Official Transcript(s) (includes course description):

_____ Number to be picked up
 _____ Number to be mailed to address above
 _____ Number to be mailed to address below

Immunization Record:

_____ Number to be picked up
 _____ Number to be mailed to address above
 _____ Number to be mailed to address below
 _____ Number to be faxed to: _____

FEES

Transcripts **\$12 each**
 Immunization Record **\$5 each**

DOCUMENTS WILL NOT BE PREPARED UNTIL FEES ARE PAID.

NOTE: Documents are normally available within two business days after the request has been received. During busy periods, transcript production may be delayed.

Method of Payment (included with the form):

Total Payment enclosed: \$ _____

Cheque (payable to Grace Hospital)

Money Order

Credit Card: Mastercard VISA

Account Number: _____

Expiry Date: ____/____ Security Code: _____

Exact Cardholder Name (as on credit card): _____

Transcript(s) will be mailed to the address shown below. **Ensure the addresses are complete (e.g. institution name, postal code, etc).** If transcripts are to be mailed to another University, ensure that the office and/or intended recipient is named (e.g. Admissions Office, Graduate Studies, etc.). Any additional mailing instructions, such as deadline dates or special handling, must be included with each entry below.

Please mail transcript(s) to the following addresses:

Quantity

Address Information (Print Clearly)

1. _____

 _____ Postal/Zip Code _____

2. _____

 _____ Postal/Zip Code _____

I understand that no one may pick up my transcript for me without a letter of consent.

DATE:	SIGNATURE OF STUDENT:
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FOR OFFICE USE ONLY	Date Received:	Date Sent:
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