



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;
Email: kdowling@ggh.mb.ca

<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 for personal use
- _____ 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, name of office, postal or zip code, etc.). Any additional mailing instructions 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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