



# Transcript Request Form

PO Box 700, 2160 Fourth Line  
Ohsweken ON N0A 1M0  
519 445-0023 telephone 519 445-4416 fax  
www.snpolytechnic.com

PLEASE PRINT CLEARLY

Legal Surname		First Name			Middle Name(s)		
Former Surname (if applicable)		Name of Program			Last Year Attended		
Home Telephone #		Business Phone #			Date of Birth		
Mailing Address	Blue Flag # or Street #	Street or Road Name	Apt #	RR #	City	Prov	Postal Code
	P.O. Box	City	Prov	Postal Code	E-mail Address		

If Applicable, specify reference numbers if the transcript is accompanying an admissions application

OUAC (Ontario Universities' Application Centre):      -

Example: 2 0 2 0 - 1 2 3 4 5 6 - 0

Specify number of transcripts required: [ ] (Limit of 5 transcripts per request)

- Send transcript:  Mail to Address above  
 Mail to Address below  
 Pick-up (Identification may be required.)

Mailing address(es) (EX: Your funder or Post-Secondary school applying to)

- 1)  
Email
- 2)  
Email
- 3)  
Email

I, the undersigned, hereby authorize Six Nations Polytechnic to furnish my official transcripts of my academic records as indicated above or on attached correspondence. I hereby waive any right of action against Six Nations Polytechnic in compliance with this authorized request.

Student's Signature

Date

Office Use Only	
Date mailed	Date picked up