



CMCC

Canadian Memorial Chiropractic College

REQUEST FOR TRANSCRIPT

Official transcripts will be issued directly to third-party recipients by CMCC. The fee for each official transcript is \$15. Transcripts provided directly to the student or graduate will be marked "issued to student."

SECTION I – STUDENT INFORMATION					
Last Name		First Name			
CMCC Student ID #		Date of Birth			
Email		Phone #			
Year of Graduation		Former name(s)			
SECTION II – RECEIVER INFORMATION					
Recipient Name					
Recipient Title					
Company Name					
Street Address					
City		Prov.		Postal Code	
Email		Phone		Fax	
SECTION III – PAYMENT INFORMATION FOR <u>OFFICIAL</u> TRANSCRIPT REQUESTS					
Credit Card Type					
Card Number					
Expiry Date		CVV Code			
SECTION IV – ACKNOWLEDGEMENT					
I authorize the Canadian Memorial Chiropractic College to send an official transcript of my academic record at CMCC to the recipient noted above.					
Signature		Date			