

DOCUMENTREQUEST

SASKATCHEWAN POLYTECHNIC Moose Jaw Campus

Saskatchewan St and 6th Ave NW PO Box 1420 Moose Jaw SK S6H 4R4

FOR OFFICE USE ONLY Date Payment Received:

SASKATCHEWAN POLYTECHNIC Prince Albert Campus, Technical Building PO Box 850 Prince Albert SK S6V 5S4 SASKATCHEWAN POLYTECHNIC Regina Campus 4500 Wascana Pky Regina SK S4S 5X1

RegInbox.Regina@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC Saskatoon Campus, Idylwyld Dr. 1130 Idylwyld Dr N PO Box 1520 Saskatoon SK S7K 3R5 RegInbox.Saskatoon@saskpolytech.ca

1. Official transcripts will not be issued to or for a student who is indebted to Saskatchewan Polytechnic.

- 2. Transcripts are released only at the written request of the student. Student signature (at bottom) is required.
- 3. You may request a document (and pay as required) by any of the following methods:

RegInbox.Moosejaw@saskpolytech.ca RegInbox.Princealbert@saskpolytech.ca

a. By mail (with a cheque payabb. In person (using credit, debit,	-		van Polytechnic)			
Paper Transcript (no charge) Certified digital versions of these docume Visit saskpolytech.ca/mycreds for more in	ents will also be available via myo	creds.ca. Char			S.	
Duplicate Student ID or First Aid of	card (\$15) 🔲 T2202 (no ch	harge)				
Calendar and/or Course Outline* (*O		
	*Course Title (a	ana course c	coae ir known)	*Course Title (and cours	e coae ir known)	
STUDENT INFORMATION						
Surname (last name)			Middle			
First			Former (if applicable)			
* Would you like us to update the ac	ddress in our system? OY	∕es O No	,			
Saskatchewan Polytechnic Student Number		Date of Birth (Day, Month, Year)				
Apt. Number, Street, Box Number		City or Town		Province		
Email †		Country		Postal Code		
Telephone (Home) (Area code required)		Telephone (Business) (Area code required)	Telephone (Cell) (Are	ea code required)	
Program Name				<u>, </u>		
Campus (if known)		All Years Attended (please enter specific year(s) e.g. 2003, 2004)				
† Your personal email address is used only as ne	eded. We communicate with you ma	inly through you	ur mySaskPolytech account.			
O SEND NOW O SEND WHEN P	ROGRAM/COURSE COMPI	LETED				
 Certified digital document via I Note: Documents issued through My share their academic documents wi Paper copy: Will pick up (Note: Most Canadian post-secondary institut 	yCreds™ are tamper-evident and th other colleges and universitie (photo ID required) OMa	d cryptographes, employers a ail documen	and third parties securely and ts	I conveniently.		
Send Indicate # Copies To:	Recipient Name and/or Organizat		med method, piedse commit wi	in the receiving institution, pr	- Ioi to submitting this reques	
	Full Mailing Address					
	Telephone (Area code required)					
I hereby authorize release of my Sasl	L katchewan Polytechnic trans	script to the	educational institution(s)	or person indicated abo	ove.	
Student Signature						

Processed by:

Receipt #: