



DOCUMENT REQUEST

SASKATCHEWAN POLYTECHNIC
Moose Jaw Campus
 Saskatchewan St and 6th Ave NW
 PO Box 1420
 Moose Jaw SK S6H 4R4
 Fax 306-691-8578
 RegInbox.Moosejaw@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Prince Albert Campus,
Technical Building
 1100 15th St E
 Prince Albert SK S6V 7S4
 Fax 306-765-1838
 RegInbox.Princealbert@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Regina Campus
 4500 Wascana Pky
 PO Box 556
 Regina SK S4P 3A3
 Fax 306-775-7760
 RegInbox.Regina@saskpolytech.ca

SASKATCHEWAN POLYTECHNIC
Saskatoon Campus, Idylwyld Dr.
 1130 Idylwyld Dr N
 PO Box 1520
 Saskatoon SK S7K 3R5
 Fax 306-659-4067
 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:
 - a. By mail (with a cheque payable to Saskatchewan Polytechnic)
 - b. In person (using credit, debit, cash, or cheque payable to Saskatchewan Polytechnic)
 - c. Online (only transcripts may be requested online; no charge applies)

- Transcript (no charge)
 Duplicate Parchment (\$30)
 Duplicate Student ID or First Aid card (\$15)
 Enrolment Verification (no charge)
- Calendar and/or Course Outline* (no charge) _____
 *Course Title (and course code if known) *Course Title (and course code if known)

STUDENT INFORMATION

Surname (last name)	Middle
First	Former (if applicable)

* Should we ensure that the following contact information is what we currently have for you on our system? Yes No

Saskatchewan Polytechnic Student Number (if unknown, provide SIN)		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) (Area code required)
Program Name			
Campus (if known)		All Years Attended (please enter specific year(s) e.g. 2003, 2004)	

- Mail Documents
 Fax Documents
 Email Documents
 Will Pick Up
 Send When Program/Course Completed

Send Copies To:

Recipient Name and/or Organization	
Full Mailing Address or Email Address	
Telephone (Area code required)	Fax (Area code required)

Send Copies To:

Recipient Name and/or Organization	
Full Mailing Address or Email Address	
Telephone (Area code required)	Fax (Area code required)

I hereby authorize release of my Saskatchewan Polytechnic transcript to the educational institution(s) or person indicated above.

 Student Signature

 Date

FOR OFFICE USE ONLY Date Payment Received: _____ Processed by: _____ Receipt #: _____