



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	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)	

† Your personal email address is used only as needed. We communicate with you mainly through your mySaskPolytech account.

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

Note: Not all institutions accept documents by email or fax. You must confirm the required delivery method with the receiving institution, prior to submitting this request.

Send	Indicate #	Copies To:	Recipient Name and/or Organization		
			Full Mailing Address or Email Address		
			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Telephone (Area code required)</td> <td style="width: 50%; border-bottom: 1px solid black;">Fax (Area code required)</td> </tr> </table>	Telephone (Area code required)	Fax (Area code required)
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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 #: _____