PORTAGE COLLEGE

DOCUMENT REQUEST

Box 417 Lac La Biche, AB T0A 2C0
Telephone: 1-866-623-5551

SUBMIT: In person; bring this completed form to a campus location, email: info@portagecollege.ca or Fax: 780-623-5519.

Student ID: _____ _____   Name: _____

☐ Current Student   ☐ Alumni

Program/Campus: _____   Year Attended: _____   Birthdate: _____

Maiden name (if applicable): _____   Any other name used while in college: _____

Address: _____   Telephone Number: _____

_____   Fax Number: _____

*****Student Signature: _____   **Date Requested:** _____

Documents Requested:

☐ **Certificate** Number of copies: _____ ☐ **Diploma** Number of copies: _____ ☐ **Financial Receipts (archived)** ☐ Student ID Reprint ☐ Meal Card Replacement **Please note: There is a $10.00 fee for each of the above requests.** ☐ T2202A (reprint) Year(s): _____ ☐ T4A (reprint) Year(s): _____	☐ Transcript Number of ***OFFICIAL*** copies: _____ Number of copies (unofficial) _____ **Please note: There is a $10.00 fee for each *OFFICIAL* transcript requested if you are not an alumni. Official transcripts will not be released until payment is received.** **If you require transcripts at the end of term you will need to fill out a new document request form once you have completed your semester.** ****If you have an outstanding balance on your account, we are unable to process your request.****

PAYMENT METHOD

☐ Cash/Debit   ☐ Cheque/Money Order   ☐ VISA   ☐ MasterCard   Online Bill Payment

*If paying by credit card, please call Student Accounts at (780) 623-5706 to release your card information.

For Student Accounts Use Only	Notes:	Transaction No.
Date Paid _____ Amount Paid _____ Receipt # _____		

☐ **Mail document(s)**   (must provide **complete mailing address**)
☐ **Pick Up document(s)** (documents will only be held for **48 hours,** if not picked up they will be mailed)

Attention - Name _____   Telephone Number: _____

Address: _____

_____

Attention - Name _____   Telephone Number: _____

Address _____

Attention - Name _____   Telephone Number: _____

Address _____

_____

Date Request Received _____   Date Document(s) Sent _____

Initialled by (staff) _____   Initialled by (staff) _____

(Doc.Req/June 2020)