



# REQUEST FOR TRANSCRIPT

**OFFICE USE:**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Receipt No: \_\_\_\_\_

*Use this form to request an official Christian Heritage College academic transcript.  
Please allow five working days for the preparation of the transcript.*

*A signed academic transcript is the only official record of students' results provided by the College.  
All students receive an official academic transcript upon Graduation from a course.*

*Please return the completed form to the CHC Reception.  
(NB: The date of request is the date on which this form is received by the College).*

**PLEASE PRINT CLEARLY**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Method of collection: (please ✓)  Collect from CHC Reception  Send to the address below:

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Do you want this request to be deferred until your current semester results are available? (please ✓)

Yes - What are the latest results you wish to be included on your transcript: Semester \_\_\_\_\_ Year \_\_\_\_\_

No - *Indicating 'NO' means that the current semester's results will not be included on your transcript.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**OFFICE USE ONLY** 1. RECEPTION: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_ 3. STUDENT ADMIN: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_  
Fees paid Y / N If No, paid up to \_\_\_\_\_ 4. REGISTRAR: Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials \_\_\_\_\_

[OFFICE USE ONLY ✕ \_\_\_\_\_]

***The fee for the preparation of an official Christian Heritage College academic transcript is AUD\$15.00.  
Payment must be made with this application.***

Number of transcripts required: \_\_\_\_\_ @ \$15 each = TOTAL \$ \_\_\_\_\_

Please accept my cheque/money order for the total above, payable to *Christian Heritage College*, or debit my:

Bankcard  Visa  Mastercard

Card Number: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM YY