



## REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD (COVID-19)

Please return the completed form to: [info@ccnm.edu](mailto:info@ccnm.edu)

STUDENT INFORMATION				
Surname:	First Name:	Campus:	Toronto Campus Boucher Campus	
Street address:				
City:	Province:	Postal Code:	Country:	
Student ID #:	Year of Graduation or PSC:	Phone Number:	Email address:	
MAILING INSTRUCTIONS				
Name of Institution:		Attention (individual or department):		
Street Address:				
City:	Province:	Postal Code:	Phone Number:	Country:
TRANSCRIPT INFORMATION				
Date of Request (DD/MM/YY):		# copies required:		
_____ / _____ / _____		_____		
Choose:	Official Prerequisite Science Transcript (\$25)	Official Transcript (\$25)	Official Transcript for CONO (\$25)	
	Unofficial Prerequisite Science Transcript (free)	Unofficial Transcript (free)	Official Transcript for CNPBC (\$25) (including Acupuncture Hours Letter)	
Choose:	Email (only unofficial)	Email (only official)		
	Email (for unofficial)	Email (for official institution)		
<b>Student's Acknowledgment:</b>				
'I hereby certify that the information included in this application is current and complete to the best of my knowledge and authorize the amount indicated on this form to be taken for payment.'				
				_____ (e-sign or type name)

**Payment information:**

A link from [service@intl.paypal.com](mailto:service@intl.paypal.com) will be sent to the email you provide here:

**Please note:** If the link you're provided does not work, please contact [finance@ccnm.edu](mailto:finance@ccnm.edu). Your request will be processed upon receiving payment