

TRANSCRIPT REQUEST

BC Centre for Open Learning, 4th Floor
Box 3010, 900 McGill Road, Kamloops, BC V2C 5N3
Fax 250.852.6405 www.truopen.ca

OPEN LEARNING

GENERAL INFORMATION

- A \$5 fee for each Official Transcript copy is required.
- Complete a fax or mail this form to Student Service.
- You may order transcripts online at my.tru.ca or at www.tru.ca/forms/admreg/transcriptform.php
- The information you provide on this form is collected under the Thompson Rivers University Act (BC) and will be used only to administer your request.
- Direct questions to Student Services, email: student@tru.ca or phone: 1.800.663.9711 (toll-free in Canada) or 250.852.7000 (Kamloops and International).

ENTER TRU-OL STUDENT NUMBER

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PERSONAL DATA (PRINT CLEARLY)

SURNAME (legal)	
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FIRST NAME (legal)	FULL MIDDLE NAME(S) (legal)
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PREVIOUS SURNAME (if applicable)

MAILING ADDRESS (include buzzer code if applicable)

MAILING ADDRESS—SECOND LINE (if necessary)
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CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY
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HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
Area Code	Area Code Local

EMAIL ADDRESS (print clearly)

Have you been a student with TRU Kamloops or the former University College of the Cariboo? YES NO

PAYMENT:

CHEQUE \$ _____ MONEY ORDER \$ _____

AMERICAN EXPRESS \$ _____ MASTERCARD \$ _____

VISA \$ _____

EXPIRY DATE
Month / Year

CARD NUMBER

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NAME ON CARD (print clearly)

CARDHOLDER'S SIGNATURE

TRU-OL CASHIER USE CTRN FEE CODE

REQUEST

Send transcript(s) now

OR

Send transcript(s) when the following course grade(s)/degree is granted

COURSE(S)/DEGREE

Send transcript(s) to the following address(es):
INDIVIDUAL AND/OR DEPARTMENT

INSTITUTION OR COMPANY

ADDRESS

CITY / TOWN / VILLAGE

PROVINCE / STATE	POSTAL CODE / ZIP CODE
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STUDENT'S SIGNATURE	DATE
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FAX OR EMAIL THIS FORM (SEE TOP OF FORM)