



GRACE HOSPITAL

Please submit form to: Administration

300 Booth Drive, Winnipeg, MB R3J 3M7

Phone: 204-837-0388

Fax: 204-831-0029

DOCUMENT REQUEST

Student Name / Surname First Name(s)

Former Surname (if applicable)

Address City Prov.

Postal Code Phone: (Home) (Work) (Fax)

Date of Birth (Day) (Month) (Year)

Years Enrolled to

REQUEST(s)

Please indicate the number of documents to be picked up or mailed or faxed

Official Transcript(s) (includes course description)

Number to be picked up
Number to be mailed to address above
Number to be mailed to address below

Immunization Record:

Number to be picked up
Number to be mailed to address above
Number to be mailed to address below
Number to be faxed to fax number

FEES

Transcripts \$10 each

Immunization Record \$5 each

DOCUMENTS WILL NOT BE PREPARED UNTIL FEES ARE PAID

Normally, documents are available for pick up two days after the request has been received

Payment included in the form of:

- Cheque (Payable to Grace Hospital)
Money Order

Total payment enclosed: \$

FOR OFFICE USE ONLY
Date Received
Date Ordered
Date Sent

STUDENT SIGNATURE DATE

Transcript(s) will be mailed to the address shown below. Ensure the addresses are complete (e.g. institution name, postal code, etc). If transcripts are to be mailed to another University, ensure that the office and/or intended recipient is named (e.g. Admissions Office, Graduate Studies, etc). Any additional mailing instructions, such as deadline dates or special handling, must be included with each entry below.

Please mail transcript(s) to the following addresses:

Table with 2 columns: Quantity, Address Information (Print Clearly). Includes rows for 1. and 2. entries with postal code fields.

I understand that no one may pick up my transcript for me without a letter of consent.

STUDENT SIGNATURE DATE