



# DOCUMENT REQUEST

**SASKATCHEWAN POLYTECHNIC**  
**Moose Jaw Campus**  
 Saskatchewan St and 6th Ave NW  
 PO Box 1420  
 Moose Jaw SK S6H 4R4  
 Fax 306-691-8578  
 RegInbox.Moosejaw@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC**  
**Prince Albert Campus,**  
**Technical Building**  
 1100 15th St E  
 Prince Albert SK S6V 7S4  
 Fax 306-765-1838  
 RegInbox.Princealbert@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC**  
**Regina Campus**  
 4500 Wascana Pky  
 PO Box 556  
 Regina SK S4P 3A3  
 Fax 306-775-7760  
 RegInbox.Regina@saskpolytech.ca

**SASKATCHEWAN POLYTECHNIC**  
**Saskatoon Campus, Idylwyld Dr.**  
 1130 Idylwyld Dr N  
 PO Box 1520  
 Saskatoon SK S7K 3R5  
 Fax 306-659-4067  
 RegInbox.Saskatoon@saskpolytech.ca

1. Official transcripts will not be issued to or for a student who is indebted to Saskatchewan Polytechnic.
2. Transcripts are released only at the written request of the student. Student signature (at bottom) is required.
3. You may request a document (and pay as required) by any of the following methods:
  - a. By mail (with a cheque payable to Saskatchewan Polytechnic)
  - b. In person (using credit, debit, cash, or cheque payable to Saskatchewan Polytechnic)
  - c. Online (only transcripts may be requested online; no charge applies)

- Transcript (no charge)  
  Duplicate Parchment (\$30)  
  Duplicate Student ID or First Aid card (\$15)  
  Enrolment Verification (no charge)
- Calendar and/or Course Outline\* (no charge) \_\_\_\_\_  
 \*Course Title (and course code if known)                      \*Course Title (and course code if known)

## STUDENT INFORMATION

Surname (last name)	Middle
First	Former (if applicable)

\* Should we ensure that the following contact information is what we currently have for you on our system?    Yes    No

Saskatchewan Polytechnic Student Number (if unknown, provide SIN)		Date of Birth (Day, Month, Year)	
Apt. Number, Street, Box Number		City or Town	Province
Email		Country	Postal Code
Telephone (Home) (Area code required)		Telephone (Business) (Area code required)	Telephone (Cell) (Area code required)
Program Name			
Campus (if known)		All Years Attended (please enter specific year(s) e.g. 2003, 2004)	

- Mail Documents  
  Fax Documents  
  Email Documents  
  Will Pick Up  
  Send When Program/Course Completed

Send  Copies To:

Recipient Name and/or Organization	
Full Mailing Address or Email Address	
Telephone (Area code required)	Fax (Area code required)

Send  Copies To:

Recipient Name and/or Organization	
Full Mailing Address or Email Address	
Telephone (Area code required)	Fax (Area code required)

I hereby authorize release of my Saskatchewan Polytechnic transcript to the educational institution(s) or person indicated above.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY** Date Payment Received: \_\_\_\_\_ Processed by: \_\_\_\_\_ Receipt #: \_\_\_\_\_