



Saskatoon School of Horticulture

PO Box 27037
Saskatoon SK S7H 5N9
306-931-GROW (4769)
growyourfuture@gmail.com
www.saskhort.com

TRANSCRIPT REQUEST FORM

Transcripts are an official, complete and unabridged listing of a student's educational record at the Saskatoon School of Horticulture as of the day the transcript is produced. It is the student's responsibility to ensure that their record is complete to their satisfaction prior to ordering transcripts.

Please note that diplomas and certificates do not appear on transcripts until after Graduation.

Allow three working days for transcript production.

Student Information:

Name (Print – Last, First, Middle)	Student Number
Name Used During Last Term Attended (Print – Last, First, Middle)	Date of Birth
Mailing Address	Last Term Attended & Year
Phone Number	Date of Graduation (if applicable)

Delivery Instructions:

Mail Transcript To: (Print full name of person, department or institution to which transcript is to be sent. Please give correct address in full below.)

1. _____ 2. _____

Courier Transcript To*: (Print full name of person, department or institution to which transcript is to be sent. Please give correct address in full above.)

I will pick up my transcripts (Only the student may pick up the transcripts unless authorized)

Signed & Sealed**

Release of Information:

I authorize _____ to pick up my transcripts from the Saskatoon School of Horticulture.

Please Note: Photo identification is required to pick up transcripts.

*Courier Charges

The following courier charges are in addition to the cost of your transcript.

Courier charges apply for each separate address where the courier is selected as a delivery method.

- Canada \$15
- US \$25
- International \$50

Note: Courier delivery requires a street address and telephone number.

**Signed & Sealed

Students can request that their transcripts be signed and sealed only if they are being picked up or delivered to the student. The envelope containing the transcript will be affixed with a seal across the flap containing an authorized representative's signature as proof that the transcript has not been accessed by the student. Transcripts delivered directly to third parties by the School are all deemed to be signed and sealed.

Note: The Saskatoon School of Horticulture does not fax or e-mail transcripts.

Transcript Policies

Student who wishes to request a copy of his/her academic transcript must adhere to the following policies and procedures:

1. Student must submit a completed TRANSCRIPT REQUEST FORM, or submit a request for an academic transcript in writing with student's signature to the above address.
2. Transcript Fee(s) must accompany form.
 - \$20 for first copy, \$15 for each additional copy ordered at same time
 - Rush order (1 day) is an additional \$5 per copy
3. The fee for transcripts is non-refundable
4. Transcripts are not issued until all outstanding accounts with the Saskatoon School of Horticulture are paid.
5. If student wishes transcript for himself/herself it will be marked 'UNOFFICIAL: STUDENT COPY' and will not possess official seal.
6. The Saskatoon School of Horticulture will not be held responsible for meeting deadlines or ensuring delivery.
7. Transcripts will not be released to a third party without your authorization.

Transcript Request Total:

Total transcripts 1	@ \$20/transcript	= \$20
Total transcripts	@ \$15/transcript	= \$
Total transcripts	@ \$5/transcript (Rush)	= \$
Total Courier Charges		= \$
Total Cost of Order		= \$

Authorization:

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Transcript Fee Paid Rct. # _____
<input type="checkbox"/>	Acct. Clear Intl: _____
<input type="checkbox"/>	Acct. Not Clear Amt Due \$ _____ Intl: _____

I have read and fully
information and
this form, and if
authorize the

<input type="checkbox"/> Verified by: _____
<input type="checkbox"/> Date Transcripts Mailed: _____
<input type="checkbox"/> Picked up by: _____ Date: _____

understand the
options presented on
applicable, I hereby
Saskatoon School of

Horticulture to release the transcript(s) of my academic record to the above stated individual.

Student Signature: _____ **Date:** _____
