

TRANSCRIPT REQUEST FORM

Personal Information

Name _____ PEN Number _____

Date of Birth _____ Email _____

Phone (_____) _____ - _____ Entry into VWS _____ Graduation year _____
AREA PHONE NUMBER YEAR YEAR

Graduation Status Dogwood Certificate Waldorf Graduation Other Not graduated
Transcript required Interim Transcript Transcript

Please send transcript to (please write additional institutions on a separate page)

Name _____

Name of institution (if applicable) _____

Address _____

Date _____ Signature _____

Please submit by fax **(604)985-4948** or email to **reception@vws.ca**. Once payment is processed allow 10-15 business days for delivery during school. No transcript requests can be processed when the school is closed.

Fee schedule (check one)

- Regular mail / pick up \$10
- Additional transcripts, same address \$5
- Courier within BC and Alberta \$20
- Courier rest of Canada \$40
- Courier within continental US \$60
- Courier non continental US TBD
- Courier rest of the world TBD
- Students presently enrolled or No charge for mail, first 3 couriered within BC & AB or 2 within Canada.
 Students graduated in last 12 months Further transcripts and destinations regular fees apply (see above).

Credit Card Details (alternately you can also pay by cash or debit in person during school hours)

Credit Card Visa MasterCard Name on Card: _____

Card Number _____

Expiration Date _____ / _____

Signature _____

This form is valid as of March 1, 2013 and supersedes all older versions.