



Collège communautaire du Nouveau-Brunswick

Request for Documents Related to Student Record

- ✓ Complete this form.
- ✓ Print the completed form, sign it and submit it to the CCNB in person, or send it by mail, by fax or by email at registrariat@ccnb.ca.
- ✓ Issue a check or money order payable to CCNB or pay by Visa or MasterCard by calling the CCNB.

CCNB – Campus de Bathurst 725 College Street Bathurst, N.B. E2A 3Z2 CANADA Tel.: 506-547-2145/1-800-552-5483 Fax: 506-547-7674	CCNB – Campus de Campbellton 47 Village Avenue Campbellton, N.B. E3N 3G7 CANADA Tel.: 506-789-2377/1-888-648-4111 Fax: 506-789-6504	CCNB – Campus de Dieppe 505 College Street Dieppe, N.B. E1A 6X2 CANADA Tel.: 506-856-2200/1-800-561-7162 Fax: 506-856-2847	CCNB – Campus d'Edmundston 35 - 15-août Street Edmundston, N.B. E3V 3K7 CANADA Tel.: 506-735-2500/1-888-695-2262 Fax: 506-735-2717	CCNB – Campus de la Péninsule acadienne 218, boulevard J.-D.-Gauthier Shippagan NB E8S 3H1 CANADA Tel.: 506-336-3073/1-866-299-9900 Fax: 506-336-3075
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Note: A transcript can only be sent to another training institution or potential employers if the request is made by the person who completed the training.

1. Personal information (* required field)					
Student Identification Number:	* Name:	* Surname:			
* Surname at birth: (if different from current name)	* Date of Birth:	* Tel. no. (home): Tel. no. (cell phone or work):			
* Mailing address:	* City/Province:	* Postal code and Country:			
2. Information on program(s)					
Name of Program(s)	Campus	Year (program completed)			
3. Cost for copying documents (\$5 + GST (15%) per copy or the amount in FCFA equivalent in Canadian dollars)				Number of copies	Total
Please check and indicate the number of copies and the total cost for each document.					
Official transcript (\$5)	<input type="checkbox"/>				\$
Unofficial transcript for non-student (\$5)	<input type="checkbox"/>				\$
Card (\$5)	<input type="checkbox"/> WHMIS				\$
	<input type="checkbox"/> HST				\$
	<input type="checkbox"/> WHSCC				\$
	<input type="checkbox"/> Work Safety				\$
	<input type="checkbox"/> Back in Form				\$
	<input type="checkbox"/> Safe Driving of a Forklift Truck				\$
Copy of receipt for tuition fees (\$5)	<input type="checkbox"/>				\$
Copy of Program Abstract (\$25)	<input type="checkbox"/>				\$
Copy of Course Outline (\$5)	Course Code	Title of Course Outline	Year (course completed)		
					\$
					\$
					\$
					\$
TOTAL					\$
4. Consent for disclosure of personal information (complete this section if you request an official transcript)					
The confidentiality of academic record is guaranteed by law; therefore, the personal information of student record can not be disclosed, unless the person who has received the training gives its written permission.					
I authorize the <i>Collège communautaire du Nouveau-Brunswick</i> to send my official transcripts to:					
Name of the Recipient: _____			Fax no. (if applicable): _____		
Address: _____					
Signature of the Applicant: _____			Date: _____		
SECTION RESERVED FOR CCNB					
<input type="checkbox"/> Check or money order <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Visa or MasterCard			Request received: _____ Date document sent: _____ Sent: <input type="checkbox"/> in person <input type="checkbox"/> by mail <input type="checkbox"/> by fax <input type="checkbox"/> by email Students Services employee's initials: _____		