## Personal Information

Name (Last, First, Initial):

Former Surname (if applicable):

Mailing address:

City: Prov/State: Postal/Zip Code:

Phone: Email:

THEO or Laurentian Student #: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_

Please indicate your program(s):

□ B.Th. □ Dip.Th.

□ C.A.L.L. □ Certificate in Theology

□ Non-Degree □ C.A.L.M.

**Transcript is to be:**

□ Mailed to address below

□ Picked up (must be by student or on written authorization)

□ Faxed

## *Send Transcript To (complete a separate form for each recipient address)*

Person/Department (Attention):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street address:

City:\_\_\_\_\_\_\_\_\_\_\_\_\_ Prov/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal/Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: ­ \_\_\_\_\_\_\_\_\_\_

Email: Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_Nomber of transcripts to be sent to this address: ­­\_\_\_\_\_

## *Declaration*

I hereby certify that all statements are correct and complete.

Signature: Date:

*Thorneloe University respects the privacy of their students, faculty, staff, alumni and donors and will make every effort to protect the personal information that is collected, used or held by the University.*

*To ensure that all personal information is dealt with appropriately, Thorneloe University will comply with the Personal Information Protection and Electronic Documents Act (PIPEDA) as it applies to the university sector.*

**Please return the completed form to us by mail, fax or email it to info@thorneloe.ca**