



**CCNM**  
Canadian College of  
Naturopathic Medicine

## REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD (COVID-19)

Please return the completed form to: [info@ccnm.edu](mailto:info@ccnm.edu)

### STUDENT INFORMATION

Surname:		First Name:	
Street address:			
City:	Province:	Postal Code:	Country:
Student ID #:	Year of Graduation:	Phone Number:	Email address:

### MAILING INSTRUCTIONS

Name of Institution:		Attention (individual or department):		
Street Address:				
City:	Province:	Postal Code:	Phone Number:	Country:

### TRANSCRIPT INFORMATION

Date of Request (DD/MM/YY):	_____ / _____ / _____	# copies required:	_____
Choose:	Official Prerequisite Science Transcript (\$20)	Official Transcript (\$20)	Official Transcript for CONO (\$20)
	Unofficial Prerequisite Science Transcript (free)	Unofficial Transcript (free)	
Choose: Email (only unofficial)		Email (only official)	
Email (for unofficial)		Email (for official institution)	

#### Student's Acknowledgment:

'I hereby certify that the information included in this application is current and complete to the best of my knowledge and authorize the amount indicated on this form to be taken for payment.'

\_\_\_\_\_  
(e-sign or type name)

#### Payment information:

A link from [service@intl.paypal.com](mailto:service@intl.paypal.com) will be sent to the email you provide here:

**Please note:** If the link you're provided does not work, please contact [finance@ccnm.edu](mailto:finance@ccnm.edu). Your request will be processed upon receiving payment