



Office of the Fire Commissioner
Manitoba Emergency Services College



TRANSCRIPT RELEASE FORM

(Please ensure this information is legible or the form will be returned)

I, _____ authorize the
(please print)
Manitoba Emergency Services College to release a copy of my transcript to:

Name (please print)

Complete Mailing Address with postal code (please print)

Signature

Date

Birth Date or MESC Student #: _____
To verify this request, your date of birth or MESC Student number must be provided above.

Due to the “Personal Information Protection & Electronic Act (Jan. 1, 2004)” course results will NOT be given by telephone or to any other individual or organization. All transcripts are confidential and mailed directly to the Candidate. Any individual or organization requesting a copy of the Candidate's transcript must have this release form completed and signed by the candidate and returned to:

Admissions Officer
Manitoba Emergency Services College
1601 Van Horne Avenue East
Brandon MB R7A 7K2
or
Fax: (204) 726-6847

PLEASE PHOTOCOPY FOR ADMINISTRATIVE USE