

## Request for Transcript OR Certificate/Diploma

### STUDENT INFORMATION

|                 |            |             |                |
|-----------------|------------|-------------|----------------|
| Last Name       | First Name | Middle Name | Student Number |
| Email Address   |            | Telephone   |                |
| Mailing Address | City       | Province    | Postal Code    |

### PROGRAM INFORMATION

Certificate/Diploma Achieved \_\_\_\_\_ Year of most recent registration \_\_\_\_\_

Other \_\_\_\_\_

### Transcript/Certificate/Diploma for

*(Additional charges apply for pre 2006 course work)*

**PICK UP**       **MAIL** Student address (as listed above)       Institutional address (as listed below)

Name or Department \_\_\_\_\_

Institution \_\_\_\_\_

Mailing Address \_\_\_\_\_

|  |       |                |         |
|--|-------|----------------|---------|
| <input type="checkbox"/> Transcript Cost                                       | _____ | \$ 13.00       | _____   |
| <input type="checkbox"/> Each additional transcript (ordered at the same time) | _____ | \$ 5.00        | X _____ |
| <input type="checkbox"/> Pre year <b>2006</b> Transcript cost                  | _____ | \$ 25.00       | _____   |
| <input type="checkbox"/> Each additional Pre year <b>2006</b> Transcript       | _____ | \$ 5.00        | X _____ |
| <input type="checkbox"/> Certificate/Diploma Cost (each)                       | _____ | \$ 70.00       | X _____ |
| Number of documents  | _____ | Total Cost: \$ | _____   |

|              |
|--------------|
| OFFICE ONLY  |
| Rct #: _____ |
| Date: _____  |
| Staff: _____ |

Cash       Cheque       Interac       Credit Card      Visa      MasterCard  
16-Digit Card Number \_\_\_\_\_      Expiry Date \_\_\_\_\_

**DOCUMENTS WILL BE PREPARED ONCE FEE IS PAID**

#### Please note

1. Documents are normally completed within five to ten working days. (Pre year **2006** transcripts within 20 working days)
2. Documents will not be issued if student has an unpaid account with the University.
3. A separate form must be completed for each additional mailing address.
4. Photo I.D. must be presented when picking up documents.
5. Student must submit written consent if they want someone else to pick up their documents.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_