

TRANSCRIPT REQUEST FORM

Registrar's Office
7128 Ada Boulevard
Edmonton, Alberta
TSB 4E4

Telephone: 780-479-9250
Fax: 780-378-8460
E-mail: registrar@concordia.ab.ca



STUDENT INFORMATION		
Surname	First and Middle Name(s)	Concordia ID Number
Former Name (if applicable)	Email Address	Date of Birth (mm/dd/yy)
Address		Telephone ()
		Is this also a permanent address? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	Prov	Postal Code
Country (if outside Canada)		
Are you a: <input type="checkbox"/> Current Student? <input type="checkbox"/> Former Student?		In what years did you attend Concordia?
In which Concordia program(s) are you currently enrolled or have you previously attended?		TO
<input type="checkbox"/> University <input type="checkbox"/> UCEP (high school equivalency) <input type="checkbox"/> Career Development Program		

TRANSCRIPT REQUEST INFORMATION
When do you wish us to issue your transcript? CHOOSE ONLY ONE (Complete a separate form for each transcript to be sent at a different time.)
<input type="checkbox"/> Immediately <input type="checkbox"/> After Winter Term grades approved <input type="checkbox"/> After Spring Term 1 grades approved <input type="checkbox"/> After Summer Term 1 grades approved
<input type="checkbox"/> After Fall Term grades approved <input type="checkbox"/> After Degree awarded <input type="checkbox"/> After Spring Term 2 grades approved <input type="checkbox"/> After Summer Term 2 grades approved

Transcripts stamped "Issued to Student" are considered unofficial. If you wish to personally deliver **official transcripts** to other institutions, ask that they be placed in separate, sealed envelopes.

Be prepared to show identification when you pick up your transcripts. Transcripts may be released to a third party only if written authorization is given by student and ID is shown.

Please **mail transcripts to me** at the above address.

<input type="checkbox"/> Stamp "Issued to Student."	Number of copies:	
<input type="checkbox"/> Place in sealed envelopes.	Number of copies:	

I will **pick up** transcripts from the Registrar's Office.

<input type="checkbox"/> Stamp "Issued to Student."	Number of copies:	
<input type="checkbox"/> Place in sealed envelopes.	Number of copies:	

Mail transcripts by:	Number of copies:	Mail transcripts by:	Number of copies:
<input type="checkbox"/> Regular mail at no charge. <input type="checkbox"/> Courier (Please contact Student Accounts at 780.479.9201 to arrange payment).		<input type="checkbox"/> Regular mail at no charge. <input type="checkbox"/> Courier (Please contact Student Accounts at 780.479.9201 to arrange payment).	
Name		Name	
Address		Address	
Country (if outside Canada)		Country (if outside of Canada)	

- Transcripts will not be released if you have outstanding fees, fines or documents.
- Transcript requests are normally processed within 3-5 business days of receiving the request. Please state clearly at the top of the form if you require transcripts earlier or by a specific deadline.

Student's Signature	Date
FOR OFFICE USE ONLY	Owes: Library? <input type="checkbox"/> Yes <input type="checkbox"/> No Student Accts? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Processed by: _____ Date: _____