

TRANSCRIPT REQUEST FORM



CONCORDIA
University College of Alberta

Registrar's Office
7128 Ada Boulevard
Edmonton, Alberta
T5B 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)
Apt. No, Street 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?		TO
In which Concordia program(s) are you currently enrolled or have you previously attended?		
<input type="checkbox"/> University (fall/winter terms) <input type="checkbox"/> Spring Session <input type="checkbox"/> Summer Session <input type="checkbox"/> UCEP (high school equivalency)		

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.)

- Now After **Spring Session 1** (ends in May) After **Summer Session 1** (ends in July)
 After **December Exams** After **April Exams** After **Spring Session 2** (ends in June) After **Summer Session 2** (ends in Aug)

Transcripts mailed to or picked up by you are stamped "Issued to Student" and 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. If someone else picks them up for you, they must present detailed written authorization signed by you and show their identification.

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

Stamp "Issued to Student." Number of copies:
 Place in sealed envelopes. Number of copies:

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

Stamp "Issued to Student." Number of copies:
 Place in sealed envelopes. Number of copies:

<input type="checkbox"/> Mail transcripts to the institution below	Number of copies: <input type="text"/>	<input type="checkbox"/> Mail transcripts to the institution below	Number of copies: <input type="text"/>
Name		Name	
Address		Address	
City	Prov Postal Code	City	Prov Postal Code
Country (if outside Canada)		Country (if outside Canada)	

- Transcripts are not released if monies are owing to Concordia.
- Transcripts are normally processed within one week of your request. Please state clearly if you require them earlier or by a specific deadline.
- Transcript requests held for the end of the term are issued as soon as the final grades are approved.

Student's Signature	Date
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FOR OFFICE USE ONLY | Owes: Library? Yes No Student Accts? Yes No Processed by: _____ Date: _____

White - Student

Yellow - Registrar