

TRANSCRIPT REQUEST FORM**\$10 fee per transcript**

Requests will be processed within 5 working days

Tel. (514) 848-3600 Fax. (514) 848-2806

E-mail: cce@concordia.ca**Student Information** (Please Print)

Last Name: _____

First Name _____

Address: _____

Email: _____

Signature: _____

Student I.D: _____

Date of Birth _____

YYYY-MM-DD

Telephone: _____

Last year attended: _____

Area of study: _____

Number of copies: _____

Date: _____

Is this an Official Transcript Request? **Yes** (Official Transcripts are not issued to students) **No****If Yes:** **Institution Information** (Please Print)

Name of the Institution: _____

Contact Person: _____

Mailing Address: _____

 Mail transcript to the address above

Processed: _____

Students who have an outstanding balance with the University will not receive their transcript(s) until their account is cleared