

**ONE FORM IS REQUIRED FOR EACH REQUEST.**

This form cannot be accepted if submitted via email.

**STUDENT INFORMATION**

<b>Student ID #</b> if available	First Name	Family Name/Maiden Name
<b>Date of Birth</b> dd / mm / yy	Street Address (current)	
	City	Province/State
	Country	Zip/Postal Code
	(       )	(       )
	Home Tel.	Bus. Tel.
	E-mail Address	

**Please indicate the number of official copies required.**

Choose **ONE** of the following options:

- \_\_\_\_\_ My complete transcript.  
\_\_\_\_\_ My graduate transcript only.

Maximum 2 transcripts per envelope. There is a \$12.40 charge for each envelope.

**Transcripts will NOT be issued for any student with an outstanding account balance. Students are responsible for ensuring their account is clear.**

**OFFICIAL TRANSCRIPT DELIVERY**

**Requests may take 7 to 10 days to process. During peak periods, the process may take longer. (ex. Before admission or scholarship deadlines). Pre- 1993 records may take longer.**

**Send by:**  Regular mail (Transcripts destined to Quebec Universities are sent electronically.)  
 Courier (Additional fees apply.)  
 To be picked up  
 Mailed to student's address above

\_\_\_\_\_  
Name of individual and/or department

\_\_\_\_\_  
Institution or company

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Country

\_\_\_\_\_  
Zip/Postal Code

Reference # if applicable: \_\_\_\_\_

Please indicate your program of study as well as the dates that you attended Concordia University.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Concordia University cannot be held responsible for lost or delayed mail.

\_\_\_\_\_  
**Student's Signature Required**

\_\_\_\_\_  
Date

**PLEASE SIGN THE REQUEST**

**INCOMPLETE FORMS WILL DELAY PROCESSING.**

**THIS FORM MAY BE SUBMITTED BY FAX, BY MAIL OR IN PERSON.**

**PLEASE SEE TRANSCRIPT REQUEST WEBSITE FOR DETAILS.**

**Credit card number and signature of card holder are required for fax and mail requests.**

<b>Student ID #</b>	<b>Student's Last Name</b>	<b>Student's First Name</b>
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <i>(excluding debit credit cards, i.e., TD, CIBC, and US Debit Credit Card)</i>		
Card number:           -           -	Expiry:       -	

**PLEASE SIGN:**

Cardholder's signature: \_\_\_\_\_

Amount \$: \_\_\_\_\_

**Cheque or money order payable to Concordia University (When sending the request by mail ONLY.)**

I accept the extra fees for courier service.

Cheque     Money Order