

In accordance with the Quebec Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information, Concordia University is required to obtain consent from current and former students in respect of requests for the release of personal information, including transcripts.

Instructions:

1. Complete and sign this form.
2. Upload the completed form to your [Student Centre](#), using the "Upload Document" feature and select Document Type: *Transcript Pick Up Authorization*

Student's Information

Last Name*:
First Name*:
Maiden name (<i>if applicable</i>):
Concordia Student ID Number*:
Date of Birth*:
Email Address and Telephone Number*:
Program of study and year of graduation (<i>if applicable</i>):

Third Party Information

Last name*:
First name*:
Company/ Institution (<i>if applicable</i>):
Telephone Number*:
Email Address:

The authorized third party is required to present a valid identification when picking up the transcript.

*Required fields

To be completed by the student / former student

AUTHORIZATION TO PICK-UP A TRANSCRIPT:

I _____, hereby authorize the above named person to pick-up my official Concordia University transcript on my behalf. This authorization is only valid for the request made on **Day / Month / Year** and is valid for _____ weeks (*enter number of weeks*).

Student's signature: _____ Date: _____

DD / MM / YY

Pick Up Location: FB 900 (1250 Guy St. — 9th floor). Consult our [office hours](#) for pick up times.

Note: The University reserves its right to verify the information provided herein and may, in cases that could not be satisfactorily authenticated, decline to allow a third party to pick up official transcripts on someone's behalf.