

## TRANSCRIPT REQUEST FORM

**\$10 fee per transcript**  
Requests will be processed within 5 working days

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

**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: \_\_\_\_\_

Is this an Official Transcript Request?  Yes (Official Transcripts are not issued to students)  No

<b>If Yes:</b>	<b>Institution Information</b> (Please Print)
Name of the Institution:	_____
	_____
Contact Person:	_____
Mailing Address:	_____
	_____
	_____
	_____

**If No:** Select one:  I will pick up the transcript  Mail transcript to the address above

<b>PAYMENT METHOD</b> (Cash and Personal Cheques are <b>NOT</b> accepted)		<b>AMOUNT :</b>
<input type="checkbox"/>  (in person only)	<input type="checkbox"/>  (Payable to Concordia University)	<input type="checkbox"/> 
		<input type="checkbox"/> 
		<input type="checkbox"/> 
		<input type="checkbox"/> 
CREDIT CARD NUMBER		EXPIRY DATE (MONTH/YEAR)
DATE	NAME AS IT APPEARS ON THE CREDIT CARD	CARDHOLDER'S SIGNATURE

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

Processed: \_\_\_\_\_