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: ________________________________ Date of Birth ________________________________

First Name ________________________________ Telephone: ________________________________

Address: __________________________________ Last year attended: _________________________

_________________________________________ Area of study: _______________________________

_________________________________________ Number of copies: ___________________________

Email: ____________________________________

Signature: ________________________________ 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: __________________________________

_________________________________________ ________________________________

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

PAYMENT METHOD $10 per Transcript (Cash and Personal Cheques are NOT accepted) AMOUNT: $

☐ Money Order (Payable to Concordia University) ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

CARDHOLDER’S SIGNATURE

DATE

NAME AS IT APPEARS ON THE CREDIT CARD

EXPIRY DATE (MONTH/YEAR)

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

Processed:

REV-2015-11-06