

ONE FORM IS REQUIRED FOR EACH REQUEST.

This form cannot be accepted if submitted via email.

STUDENT INFORMATION

Student ID # if available	First Name	Family Name/Maiden Name
Date of Birth 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 \$12.00 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.

Student ID #	Student's Last Name	Student's First Name
<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