TRANSCRIPT OF ACADEMIC RECORD REQUEST

Enrolment Services • R60

ONE FORM IS REQUIRED FOR EACH REQUEST.
FOR SECURITY REASONS DO NOT SUBMIT THIS FORM BY EMAIL.

STUDENT INFORMATION

Student ID #
if available

First Name
Family Name/Maiden Name

Street Address (current)

City
Province/State

Country
Zip/Postal Code

(     ) (     )
Home Tel.  Bus. Tel.

E-mail Address

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:

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 #

☐ Visa  ☐ Mastercard  ☐ American Express  ☐ Discover Card

Card number: | | | | | | | | | | | | | | | | | |

Expiry: | | | | | | | | | |

CVD: | | | | | | | | | | | | | | | | | |

Amount $:

☐ I accept the extra fees for courier service.

Cardholder’s signature:

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

☐ Cheque  ☐ Money Order

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 $12.77 charge for each envelope.

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.

The 3 digit CVD security number on the back of your credit card is required to process your payment. For security reasons provide this information only if sending this form by FAX.

11/2020