

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.

Student's Information (please print)

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

Third Party Information (please print)

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

*Required fields

To be completed by the student / former student:

<p><input type="checkbox"/> 1. AUTHORIZATION TO REQUEST A TRANSCRIPT:</p> <p>I (please print) _____, hereby authorize the above named person to request an official Concordia University transcript on my behalf. This authorization is only valid for the request made on Day / Month / Year .</p> <p>Student's signature: _____ Date: _____ DD / MM / YY</p>
<p><input type="checkbox"/> 2. AUTHORIZATION TO PICK-UP A TRANSCRIPT:</p> <p>I (please print) _____, 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 .</p> <p>Student's signature: _____ Date: _____ DD / MM / YY</p>

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