University of Lethbridge

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Lethbridge, Alberta T1K 3M4
Phone: (403) 320-5700
Fax: (403) 329-5159

Registrar's Office and Student Services (ROSS)

TRANSCRIPT REQUEST FORM

University of Lethbridge ID Number

Today's Date (Day Month (e.g. Jan) Year)

Instructions to person completing Request Form:

1. **If your record has been encumbered by financial indebtedness to the University, NO TRANSCRIPT can be issued until the encumbrance has been cleared.**
2. Due to the large volume of transcript requests at the end of each session, and because they are handled in the order they are received, two weeks should be allowed for processing.
3. "OFFICIAL" transcripts are mailed directly from the Registrar's Office to the institution or agency named by the students.
4. Only "UNOFFICIAL" transcripts are issued directly to the student.

Student Information: (Please print) Addresses will be updated from this information
Permanent address ☐ **Current Address** ☐

Last Name	First Name	Middle Name	Previous Name(s) (if applicable)
Street Address			
City/Town		Province	Postal Code
Email Address			

Birth Date (Day Month Year)

Telephone Number (Area Code Current Telephone No.)

Mail directly to the following address(es):

Name _____
Address _____
_____
_____ Postal Code _____
Number of Copies ____
To be sent: Regular Mail ☐ (no cost) Fax ☐ Fax # _____ Courier ☐

Name _____
Address _____
_____
_____ Postal Code _____
Number of Copies ____
To be sent: Regular Mail ☐ (no cost) Fax ☐ Fax # _____ Courier ☐

Name _____
Address _____
_____
_____ Postal Code _____
Number of Copies ____
To be sent: Regular Mail ☐ (no cost) Fax ☐ Fax # _____ Courier ☐

Name _____
Address _____
_____
_____ Postal Code _____
Number of Copies ____
To be sent: Regular Mail ☐ (no cost) Fax ☐ Fax # _____ Courier ☐

Name _____
Address _____
_____
_____ Postal Code _____
Number of Copies ____
To be sent: Regular Mail ☐ (no cost) Fax ☐ Fax # _____ Courier ☐

Instructions (CHECK ONLY ONE):

☐ Prepare transcripts immediately.

☐ Hold for final results from:

Fall ☐ Sept. - Dec.	Spring ☐ Jan. - Apr.	Summer I ☐ II ☐ III ☐ May - Aug.	_____ Year

☐ Hold for course grade changes.
(State course(s) and semester taken): _____

☐ Hold for repeated course. (State course and semester repeated): _____

☐ Hold for degree completed: Will be sent after Registrar's Office is notified by the Faculty/School awarding the degree. Fall ☐ Sept. - Dec. _____ Year

State degree: _____
(For Undergraduate students completing a degree in Summer or Fall only.)

☐ Hold for degree earned to be recorded after Convocation:
June ☐ _____ Year October ☐ _____ Year

☐ To be picked up in sealed envelope. Date:
(If transcript is not picked up within 2 days of this date, it will be mailed)

(Sending Fax or Courier include)

Visa or Mastercard number and expiry date:

Credit Card Number	Expiry Date

Student Authorization
I hereby authorize the University of Lethbridge to release the transcript of my academic record.

_____
Student's Signature

OFFICE USE ONLY

Special Instructions:

Date Mailed: _____
Initial

☐ Outstanding Accounts

02/13

Distribution:
1. White - Registrar 2. Yellow - Student