



TRANSCRIPT REQUEST FORM

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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			

Mail directly to the following address(es):

Name _____
Address _____
_____ Postal Code _____

Number of Copies

To be sent: Regular Mail Fax Courier
(no cost) Fax # _____

Name _____
Address _____
_____ Postal Code _____

Number of Copies

To be sent: Regular Mail Fax Courier
(no cost) Fax # _____

Name _____
Address _____
_____ Postal Code _____

Number of Copies

To be sent: Regular Mail Fax Courier
(no cost) Fax # _____

Name _____
Address _____
_____ Postal Code _____

Number of Copies

To be sent: Regular Mail Fax Courier
(no cost) Fax # _____

Name _____
Address _____
_____ Postal Code _____

Number of Copies

To be sent: Regular Mail Fax Courier
(no cost) Fax # _____

Birth Date

Day	Month	Year

Telephone Number

Area Code	Current Telephone No.

Instructions (CHECK ONLY ONE):

- Prepare transcripts immediately.
- Hold for final results from:
- | | | | |
|---|--|--|------------|
| Fall <input type="checkbox"/>
Sept. - Dec. | Spring <input type="checkbox"/>
Jan. - Apr. | Summer I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>
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 <input type="checkbox"/>
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