

OFFICIAL TRANSCRIPT REQUEST FORM



Complete information is required to proceed with your request. Normal processing time for transcript requests is 5 business days. Email confirmation will be sent.

**Note: Payment must accompany this request form at the time of submission.
(\$10.00 for each transcript)**

One complimentary official and unofficial transcript will be mailed in May to all graduates of that year.

STUDENT INFORMATION			
Regent ID (if known)	Given Name	Middle Name	Surname
		Date of Birth (YYYY/MM/DD)	Maiden/Former Name
Mailing Address	City, Province/State	Postal Code	Country
Email Address	Home Phone	Mobile Phone	
Last Term Enrolled	Graduation Year	Degree Obtained	

Number of copies requested: _____

Payment method: ☐ Cash
☐ Cheque
☐ Credit Card (fill in payment information below)

Method of delivery: ☐ Pick up at reception desk
☐ Mail to address listed above
☐ Mail to address(es) listed below

Address 1: _____

Address 2: _____

(Submit a separate sheet for additional addresses)

Signature of Student

Date

CREDIT CARD PAYMENT INFORMATION (if not submitting this form in person)		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	Total Amount: \$ _____
Card number	Expiry date (MM/YY)	CVV Number		
Name of cardholder	Signature			

05/2025