

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.

(\$5.00 for each transcript for the first 5 copies / \$2.00 for each transcript for additional copies.)

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	Degree Obtained		Graduation Year	

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)

☐ Visa

☐ MasterCard

Total Amount: \$ _____

Card number

Expiry date (mm/yy)

CVD Number

Name of cardholder

Signature