

TRANSCRIPT REQUEST FORM

This form can be used by those wishing to order a transcript via Mail. A cheque or money order must accompany this form. To pay and order using a credit card, please place your request via SOLUS.

Today's Date: _____ Student Number: _____

First Name: _____ Last Name: _____

Maiden Name (if applicable): _____

Immediately

After Fall Degree Conferred (Nov.)

After Spring Degree Conferred (June)

After Fall Term Final Marks (Jan.)

After Winter Term Final Marks (May)

After Spring Term Final Marks (Sept.)

Shipping Information

**If the transcript is being sent to a new address, please provide the following information: (Name, Address, City, Province, Postal Code, Country) (e.g. 123 Main St, Toronto, ON, M5G 1A5, Canada)