

OFFICIAL TRANSCRIPT REQUEST

(internal processing time is within 4-5 business days)

PLEASE PRINT CLEARLY

FULL Name _____
 First Middle Family/Last Name
 Address _____ Apt# _____ Buzz# _____
 City _____ Prov/State _____
 Postal/Zip Code _____ Country _____
 Email Address _____
 Daytime/Cell Telephone (_____) _____

INSTRUCTIONS

Will pick up # _____ copies Photo I D Required Must be picked up within 6 months of ordering Signed letter of consent or online Release of Information is required for 3rd party pick up

Full and complete mailing addresses are required

Send # _____ copies to my address **above**
 (sent by regular mail unless courier box checked)
 Courier Fax: (_____) _____
 (transcripts will not be faxed without the associated mailing address)

Send# _____ copies to the address **below**
 (sent by regular mail unless courier box checked)
 Courier Fax: (_____) _____
 (transcripts will not be faxed without the associated mailing address)

Name/Dept: _____
 Institution/Company: _____
 Address: _____
 Address: _____
 City: _____ Prov/State: _____
 Country: _____ Postal/Zip Code: _____
 Telephone #: (_____) _____
 (required if courier service selected)

Courier service is recommended for time sensitive documents.
Courier is not available to P.O. Box addresses. Street addresses are required.
Please ensure the accuracy of all address information.
Western is not responsible for transcripts lost or delayed in shipping.

Student Number: _____

Date of Birth: _____ / _____ / _____
 month day year

Previous Surnames (if applicable): _____

Years Attended: from: _____ to: _____

Year Graduated (if applicable): _____

Failure to provide complete information may delay or prevent processing.

Negative service indicators placed on academic records will prevent the release of transcripts.

Student Declaration

*I CERTIFY THAT I AM THE STUDENT AS STATED. I HEREBY AUTHORIZE THE UNIVERSITY OF WESTERN ONTARIO TO RELEASE MY TRANSCRIPTS AS INDICATED.

X _____
 *Signature (digital signatures are not accepted) Date

* Transcripts are protected under the Freedom of Information and Protection of Privacy Act.

PROCESSING INSTRUCTIONS (check **ONE** only)
 Separate order forms must be completed for each of the options below.

- Do **NOT** hold for results – send immediately (processed within 4-5 business days and does not include mailing time)
- Hold for:
 Fall grades (courses completed in Fall term) (statement of Degree Conferred will **NOT** appear)
 Fall/Winter grades (courses completed in Winter term) (statement of Degree Conferred will **NOT** appear)
 Summer grades (courses completed in Summer term) (statement of Degree Conferred will **NOT** appear)
- Hold for my Degree Conferred to appear after convocation in:
 February Spring Fall
 (in absentia)

FEES - All fees payable at time of request and are subject to change.

TRANSCRIPTS \$15.00 per copy
 (includes the cost of regular mail)

The following services are in addition to the transcript fee and are nonrefundable:

# of transcript(s) x \$15 =	
add courier fee (if applicable) +	
add fax fee (if applicable) +	
Total Amount Payable =	

Fax transmissions: \$25.00 Fee is per fax number.
 Maximim of 3 unsuccessful attempts.
 Official transcript must follow to recipient.

Courier: \$22.00 within Ontario \$30.00 remainder of Canada
 \$40.00 USA \$65.00 International
 (additional charges may apply for return shipments)

If paying by debit, cheque/money order, or cash do not fax your order. Debit Card Cheque/Money Order Cash (do not mail cash)

Cardholder's Name as it appears on card _____ Cardholder's Signature _____

Visa/MasterCard Credit Card #: _____ - _____ - _____ - _____ Expiry Date: ____/____