

**OFFICIAL TRANSCRIPT REQUEST FOR STUDENTS
WHO GRADUATED BEFORE 1984**
(internal processing time is within 4-5 business days)

Anyone who graduated before 1984 will need to request their transcript by completing payment through PurplePay and submitting a Virtual Helpline - PurplePay with this form for processing.

PurplePay Reference number: _____

STEP 1	
FULL Name _____ First Middle Family/Last Name	Student Number
Previous Surnames (if applicable) _____	Date of Birth <u> </u> mmm / <u> </u> dd / <u> </u> yyyy
Street Address _____	Apt# _____ Buzz# _____ City _____
Prov/State _____	Postal/Zip Code _____ Country _____
Email Address _____	Daytime/Cell Telephone (<u> </u>) _____
Years Attended: from: _____ to: _____	Year Graduated (if applicable) _____

STEP 2		
<input type="checkbox"/> Issue # _____ copies to student:	<input type="checkbox"/> Hold for pick up (must be picked up within 6 months of ordering)	<input type="checkbox"/> Send to me at the above address (sent by regular mail unless courier box checked <input checked="" type="checkbox"/> <input type="checkbox"/> Courier (buzz code required for delivery if applicable)
<input type="checkbox"/> Issue # _____ copies to the third party address below : (sent by regular mail unless courier box checked <input 2"="" checked="" type="checkbox/>)</td></tr><tr><td>Attn: _____</td><td colspan="/> Dept: _____		
Institution/Company: _____	Address: _____	
Address: _____	City: _____	
Prov/State: _____	Postal/Zip Code: _____	Country: _____
Telephone #: (<u> </u>) _____	<input type="checkbox"/> Courier (street address required)	

Courier service is recommended for all time sensitive documents. Courier is not available to P.O Box addresses. Physical street addresses are required for all deliveries. Please ensure the accuracy and completeness of all address information. We are not responsible for items lost or delayed in shipping. Holds placed on academic records will prevent the release of transcripts.

STEP 3	*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	Date
* Transcripts are protected under the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31.	