

Request for Transcript

Fax: 204.775.1942
 E-Mail: collegiate@uwinnipeg.ca

PLEASE PRINT CLEARLY

<p>Student Number (if known): _____</p> <p>Current Full Name: _____</p> <p>Address: _____ _____</p> <p>ADDITIONAL INFORMATION: <small>(Please check preferred contact method)</small> <input type="checkbox"/> Phone: (Home) _____ <input type="checkbox"/> Cell: _____ <input type="checkbox"/> E-Mail: _____</p> <p>Previous Name if Applicable: _____</p> <p>Date of Birth: _____</p>	<p>Cost per Transcript: \$10.00 for the first copy and \$5.00 for each additional copy</p> <p>Number of Transcripts ordered: _____</p> <p>I would like to:</p> <p><input type="checkbox"/> Pick-up at The Collegiate Office</p> <p><input type="checkbox"/> Send by regular mail to address below</p> <p><input type="checkbox"/> Courier to address below <small>(\$10 Winnipeg, \$20 Canada, \$50 US & International)</small></p> <p>_____ _____ _____ _____</p>
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PLEASE NOTE:

1. Transcripts are normally completed within **three working days**. In special cases and during busy periods the time may be five to seven working days.
2. No transcript will be issued if the student has a hold with The Collegiate or any University department. (Including book holds, athletic holds & library holds).
3. Photo ID must be attached to fax or email requests or must be presented when picking up transcripts.
4. **I understand that no one may pick up my transcript without my written consent. Personal ID will be required.**

X _____
SIGNATURE OF STUDENT (OR DESIGNATE)

METHOD OF PAYMENT

- Cash **OR** Debit (In-person requests only)
- Certified Cheque or Money Order made payable to The University of Winnipeg
- Visa MasterCard
- Credit Card # _____
- Expiry Date: _____