



TRANSCRIPT ORDER FORM (PLEASE PRINT)

Submit to: Registrar's Office
400 University Centre
The University of Manitoba
Winnipeg, Manitoba R3T 2N2
Fax: (204)474-7641

FEE: \$12.00 for each transcript.
(courier fees are extra. See courier fees below)

Transcripts are not prepared until the fee is paid.

Orders placed at the cashier's office, in person after 4:00 pm or received by fax or mail do not guarantee 48 hour service.

If this is a duplicate Fax request being submitted on the same day please check here: []

OFFICIAL TRANSCRIPTS WILL NOT BE RELEASED TO STUDENTS WITH A FINANCIAL HOLD

Student Number: _____

Total Number of Transcripts Required : _____

Separate order forms must be completed for each option below:

Name: _____
(Surname)

1) For Pick Up _____ (2 working days after 2:00 p.m.. During peak periods transcript production may be delayed)

(Given names - in full)

2) To Send by Mail _____ (will be mailed in approximately 2 working days During peak periods transcript production may be delayed)

Date of Birth: (Day) _____ (Month) _____ (Year) _____

Former surname if applicable: _____

3) To be couriered _____
Additional Courier Fees
\$20.00 anywhere in Canada
\$50.00 anywhere in the United States
\$100.00 other International
(can't be couriered to P.O. Box)

Telephone: _____

Indicate when you would like your transcript :

VISA OR MASTERCARD: (for Fax or mail-in only) Expiry Date

[] Current Record - It is the student's responsibility to ensure that required grades are available.

[] After my upcoming Graduation (Check month of graduation below)

[] February [] May [] October

The Registrar's Office will mail your transcript to the addresses shown below. Ensure the addresses are complete. (e.g. institution name, postal code etc.) If transcripts are to be mailed to another university, ensure that the office and/or intended recipient is named e.g. Admissions Office, Graduate Studies etc. Any additional mailing instructions, such as deadline dates or special handling must be included with each entry below.

Please mail my transcript to the following address(es)
Name and Address Information (Print Clearly)

Quantity

1. _____

_____ Postal Code _____

2. _____

_____ Postal Code _____

Additional addresses may be listed on the reverse side.

Date: _____ Student's Signature: _____

Please note that no one may order or pick up your transcript for you without a letter of consent. Photo ID must be shown for all pick-ups.

This personal information is being collected under the authority of The University of Manitoba Act. It will be used to process your request for a transcript. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. Your personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access & Privacy Coordinator's Office (tel. 204-474-9462 or 204-474-8339), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg MB, R3T 2N2.

Paid : _____
(For Office Use Only)

ADDITIONAL ADDRESSES

Quantity

Name and Address Information (Print clearly)

3. _____

_____ Postal Code _____

4. _____

_____ Postal Code _____

5. _____

_____ Postal Code _____

6. _____

_____ Postal Code _____

7. _____

_____ Postal Code _____

8. _____

_____ Postal Code _____

9. _____

_____ Postal Code _____