



REQUEST FOR TRANSCRIPT

The charge for each Transcript is \$13.50. Please ensure that all required grades are visible in Aurora prior to ordering. Please allow at least two business days for processing.

STUDENT INFORMATION:

Student Number: Last Name(s):

Given Name(s): Previous Name(s) (If Applicable):

Date of Birth: Daytime Phone:

Student signature: Date:

TRANSCRIPT INFORMATION:

I have taken non-degree courses with Extended Education prior to May 2014: Yes NO

Total number of Transcripts required :

Current Record OR Pre-order for my upcoming graduation in: February 20 June 20 October 20

PICKUP METHOD: Photo ID will be required upon pick up.
Pick up myself
Pick up by third party:
(first and last name of person authorized to collect the document)

DELIVERY METHOD (FILL IN ADDRESS ON THE REVERSE):
Standard Mail
Courier (cannot courier to a PO BOX)
Additional courier fees will apply:
• \$20.00 Anywhere in Canada
• \$50.00 Anywhere in U.S.A.
• \$100.00 International/Overseas

Requests not collected will be shredded six months after the original request date. Delivery problems arising from the provision of incorrect information are not the responsibility of the Registrar's Office.

REGISTRAR'S OFFICE PAYMENT OPTIONS: 400 UNIVERSITY CENTRE
Visa, Mastercard and Debit.
Cheques/Money Orders made out to "The University of Manitoba".

CASHIER'S OFFICE PAYMENT OPTIONS: 138 UNIVERSITY CENTRE
Cash payments.
Cheques/Money Orders made out to "The University of Manitoba".

The following section is not required for in-person orders:

FAXED OR MAILED PAYMENT OPTIONS:

Cheques/Money Orders can be made out to "The University of Manitoba".

Visa or Mastercard Number: Expiry date:

Card Holder's name (as it appears on the card): Amount: \$

Card Holder Signature: Date:

Please send my Transcript(s) to the following address(es):

**Delivery Information:** (Please specify the recipient's name, room number, office, building, street address, city/town, province/state/region and country)

**Quantity:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Postal Code: \_\_\_\_\_

2. \_\_\_\_\_  
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Postal Code: \_\_\_\_\_

3. \_\_\_\_\_  
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Postal Code: \_\_\_\_\_

4. \_\_\_\_\_  
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Postal Code: \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**