



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 five 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:

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of The University of Manitoba Act. The information you provide will be used by the University for the purpose of producing your Transcript request. Your personal information will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

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:**

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**DO NOT WRITE BELOW THIS LINE**