## **STUDENT SERVICES**Request for Transcript



Students must complete this form, provide a copy of a government-issued ID and either return by mail to: Student Services, Extended Education, 185 Extended Education Complex, University of Manitoba, Winnipeg, MB R3T 2N2; or by email: extended@umanitoba.ca. The charge for each transcript is \$14.55 (subject to change). Please allow five days for processing.

STUDENT INFORMATION:		
Last Name:		
First (Given) Name:	Date of Birth (yy/mn	n/dd):
Student Number:	Day P	Phone:
Email:		
appealing an assigned final grade. Your personal information w	y of <i>The University of Manitoba Act</i> . The information you provide will be used rill not be used or disclosed for other purposes, unless permitted by <i>The Free</i> ation, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth	edom of Information and Protection of Privacy Act (FIPPA). If you
If you are re-sending this form to ensure it was received	d, please check here so that your request is not duplicated.	
TRANSCRIPTS REQUESTED:		
How many transcripts to be produced?		
Indicate when you would like your transcript:		
Current Record (It is the student's responsibility to ensure the	at all required grades are visible in Aurora prior to ordering)	
After my upcoming graduation on:		
, , , , ,		
DELIVERY OPTIONS:		
I will pick up at 185 Extended Education Complex*	Pick up by a person I authorize*:	
Mail to the following address(es)**		and last name of the person authorized to collect the transcript)
Courier to the following address(es)** (Cannot courier to a P Additional courier fees will apply: \$20 to anywhere in Winni	<sup>2</sup> O Box) ipeg; \$50 to anywhere in Canada; \$50 to anywhere in the USA; \$100 for inter	rnational/overseas delivery.
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*Transcripts not collected will be shredded six months after the c  ** Please complete the mailing address section. Delivery probler	original request date. Photo ID will be required upon pick up. ms arising from incorrect information being provided are not the responsibili	ity of Student Services.
Applicant Authorization:	Dat	te:
METHOD OF DAVISOR		
METHOD OF PAYMENT:		
All applicable fees must accompany this form.		
, , , , ,	– Payable to the University of Manitoba (post-dated cheques can not be acce	epted).
Payment by credit card — Complete the following section.	Visa MasterCard	
Credit card number:	CVC (Card Verification Code):	Expiry date:
Card holder's name (as it appears on the card):		Amount: \$
Authorizing signature:		