



REQUEST FOR TRANSCRIPT

There is a charge of **\$15.25** per mailed. Transcripts being picked up or emailed are **\$32.00** per copy. Please allow **at least five business days** for processing.

This request form is for Alumni who have not taken courses after Fall 2006 and do not have an Aurora Account. Complete the form and **provide a copy of a government-issued photo-ID**, otherwise all other requests must go through [Aurora](#). If you no longer have access contact the Registrar's Office for assistance.

Students who have completed certificate courses, or individual non-degree courses before May 2014 must request their transcript through Extended Education. [Extended Education Transcript Request form](#).

Current Students who submit Transcript Requests via this form will have their request destroyed immediately.

PART 1: STUDENT INFORMATION

Student Number: _____ Last Name(s): _____

Leave blank if unknown

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

Date of Birth: _____ Daytime Phone: _____

Student signature: _____ Date: _____

PART 2: TRANSCRIPT INFORMATION

Total number of Transcripts required : _____

*Each copy of your transcript will include **all** of your academic records from the University of Manitoba, both Undergraduate and Graduate levels.*

PART 3: DELIVERY METHOD

Physical Delivery

Pickup in Office
\$32.00 per copy.

OR

Standard Mail
\$15.25 per copy.

OR

Courier (cannot courier to a PO BOX)
\$15.25 per copy.

Additional courier fees will apply:

- \$20.00 Anywhere in Winnipeg
- \$50.00 Anywhere in Canada / USA
- \$100.00 International / Overseas

OR

Digital Delivery

\$32.00 per copy to email to a specific institution *

* Please note, our office can only email transcripts to addresses on our pre-set list of institutions. Please review our [List of approved Institutions](#).

(Photo ID will be required upon pick up).

Transcripts being sent by standard mail will be sent by Canada Post's standard letter-mail service

PART 4: DELIVERY INFORMATION

Please fill out additional address's on reverse. >

Please provide the delivery address you would like your letter sent to:

Recipient Name: _____ Phone number: _____

Address: _____

Delivery problems arising from the provision of incorrect information are not the responsibility of the Registrar's Office.

City/town: _____ Province/state: _____ Country: _____ Postal/Zip Code: _____

PART 5: PAYMENT OPTIONS

Visa or Mastercard Number: _____
(Visa Debit is not accepted)

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. 204-474-7559), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

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

2. _____

_____ Postal Code: _____

3. _____

_____ Postal Code: _____

4. _____

_____ Postal Code: _____

5. _____

_____ Postal Code: _____

DO NOT WRITE BELOW THIS LINE