

TRANSCRIPT REQUEST FORM

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to process your request as identified on this form. For more information, please contact us by mail at The Office of the University Registrar (Records and Services), Queen's University, Gordon Hall Room 125, 74 Union Street, Kingston, Ontario, K7L 3N6, or by phone at 613-533-2040.

If you are sending to more than one destination, please use additional forms.

COST: \$15.00 PER COPY, COURIER CHARGES EXTRA

MAIL FORM WITH PAYMENT TO THE ABOVE ADDRESS, ATTN: TRANSCRIPT CLERK

STUDENT NUMBER (if known)

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Today's Date: Year _____ Month ___ Day ___ Date of Birth: Year _____ Month ___ Day ___

School/Faculty at Queen's (eg Applied Science, Medicine): Your Name and Address:

_____ Last Name: _____
Maiden Name (if applicable): _____

Graduation Year: _____

First Name: _____

Are you a currently registered student?

YES NO

Address: _____

Apt./House # Street

Year in your current program?

1st 2nd 3rd 4th 5th

_____ City Province Postal Code

Phone: () _____

Required When? (Please Check One)

Your Email Address: _____

- After Fall Term Final Marks (Jan)
- After Winter Term Final Marks (May)
- After Spring Term Final Marks (July)
- After Summer Term Final Marks (Sept)
- After Fall Degree Conferred (Nov)
- After Spring Degree Conferred (June)
- Immediately

NUMBER OF COPIES REQUIRED: _____

Send by: Regular Mail
 Courier (must include phone # below)

Hold for: Pickup (written authorization, signed and dated by you, is required for release to a 3rd Party)

Please forward my transcript to this address (if using courier, use street address, no PO boxes please):

Phone # (required for courier orders): _____ Postal code _____

Any Special Handling Instructions? (i.e. you would like Queen's to complete the enclosed form and send with your transcript, or you require your transcripts in individually signed and sealed envelopes):

Please note that the Office of the University Registrar assumes no liability for transcripts that have been sent by regular mail which are not delivered to their intended address. Any replacement transcripts requested will be subject to the stated standard rate of \$15.00 per copy.

STUDENT SIGNATURE: _____

FOR OFFICE USE ONLY:

Total number of transcripts ordered: _____ Transcript Fee = _____ Courier Fee = _____ Total = _____

Amount of Payment Enclosed: _____ No payment enclosed