

Office of the Registrar, Athabasca University
 1 University Drive, Athabasca, AB T9S 3A3
 Toll Free in Canada/US: 1.800.788.9041
 Other: 780.675.6111, Fax: 780.675.6174
 www.athabascau.ca

Transcript Request Form

STUDENT ID NUMBER

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Other institutions usually require official transcripts to be sent directly from Athabasca University.

Learn how you can request a transcript online by visiting <http://registrar.athabascau.ca/OROShelp/?page=transcriptRequest>, or complete and submit this Transcript Request Form.

General Information (please print)

Student Name: _____
LAST FIRST MIDDLE

Former Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

CITY/TOWN PROVINCE/STATE

COUNTRY POSTAL/ZIP CODE

Telephone: (____) _____ (____) _____
(AREA CODE) RESIDENCE (AREA CODE) BUSINESS

Fax/E-mail: (____) _____
(AREA CODE) FAX E-MAIL

The personal information collected on this form will be used to process your request for a transcript(s). This information is collected under the authority of Section 33 (c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Coordinator, Academic Records and Examinations, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3. Phone: 1.800.788.9041.

Priority Transcript Service (PTS)

If you choose the Priority Transcript Service, we will fax your transcript to a fax number you specify. The fee for this service is \$50.

- Send the transcript now, or
- Send the transcript(s) upon completion of the following course(s):

- Fax (PTS) the transcript(s) at my expense
- Courier the transcript(s) at my expense
- Send the transcript(s) by mail (no fee required)

Courier Fees

Destination	Courier Fees
Alberta	\$10
British Columbia, Saskatchewan, Manitoba, Ontario, Quebec	\$15
Nova Scotia, Newfoundland, New Brunswick, Prince Edward Island, Northwest Territories, Yukon, Nunavut	\$20
United States	\$30
International	\$65

Send _____ copy (ies)* to **(indicate recipient name, institution, mailing address, telephone number, and fax number [if requesting the Priority Transcript Service]):**

(____) _____ (____) _____
(AREA CODE) TELEPHONE NUMBER (AREA CODE) FAX NUMBER

Send _____ copy (ies)* to **(indicate recipient name, institution, mailing address, telephone number, and fax number [if requesting the Priority Transcript Service]):**

(____) _____ (____) _____
(AREA CODE) TELEPHONE NUMBER (AREA CODE) FAX NUMBER

*** Note: You may only request up to 6 copies of a transcript.**

There is no fee charged for transcript requests. However if you wish to use the Priority Transcript Service or to have your transcript couriered you must pay the additional fee based on delivery location. The fee and student signature must accompany this request. Fees may be sent by cheque, money order, or charged to your credit card. Post-dated cheques are not accepted.

CREDIT CARD NUMBER EXPIRY DATE

Student signature: _____ **Date:** _____

The personal information collected on this form will be used for the purpose of processing payments. This personal information is being collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the Senior Accountant, Athabasca University, 1 University Drive, Athabasca, AB Canada, T9S 3A3, Phone: 1.800.788.9041.