Transcript Request Form

General Student Information (please print)

Student Name: ____________________________________________
LAST  FIRST  MIDDLE

Former Name: ____________________________________________
LAST  FIRST  MIDDLE

MAILING ADDRESS
______________________________________________________________________
CITY/TOWN                                     PROVINCE/STATE
______________________________________________________________________
COUNTRY                                     POSTAL/ZIP CODE
(______)_                                    (______)_  PRIMARY PHONE  ALTERNATE PHONE
______________________________________________________________________
EMAIL ADDRESS

Transcript Delivery Information (please print)

Send _____ copies (maximum 6 copies)* to:
______________________________________________________________________
RECIPIENT NAME (BUSINESS OR INDIVIDUAL)
______________________________________________________________________
ADDRESS
______________________________________________________________________
CITY/TOWN                                     PROVINCE/STATE
______________________________________________________________________
COUNTRY                                     POSTAL/ZIP CODE
(______)_                                    (______)_  PRIMARY PHONE  ALTERNATE PHONE
______________________________________________________________________
FAX NUMBER                                     EMAIL ADDRESS

Additional Documentation

List the additional documentation you would like sent with your transcripts:
AU cannot send parchments or awarded credentials with this request.
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

PLEASE NOTE: If you require additional external documentation to be completed by the University and a transcript to accompany this documentation, please email a completed Transcript Request form and the documentation for completion to the Academic Records Unit (acrec@athabascau.ca).

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

Due to the COVID-19 pandemic, Athabasca University has temporarily suspended the priority transcript service (with document delivery by courier and/ or fax). The University is only sending transcripts by email until further notice.

Student signature: ____________________________________________  Date: ____________________________________________

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, Enrolment, Records and Examination Services, Office of the Registrar, Athabasca University, 1 University Drive, Athabasca, AB Canada T9S 3A3, Phone: 1.800.788.9041.