REQUEST FOR TRANSCRIPT OF ACADEMIC RECORD

PLEASE PRINT

ACADIA ID NUMBER:

Student's Name and Address:

Registrar's Office Acadia University, Box 2 Wolfville NS B4P 2R6 Canada Phone: 902-585-1222 Fax: 902-585-1081 e-mail: registrar@acadiau.ca or order your transcript online at https://central.acadiau.ca/my



Postal/Zip Code:	A CONTRACTOR OF			
Former Name if applicable: If you do not know your Acadia ID number, please enter date of birth:	1. TRANSCRIPTS WILL NOT BE ISSUED UNTIL ALL FINANCIAL OBLIGATIONS TO THE UNIVERSITY HAVE BEEN CLEARED. ALL TRANSCRIPT REQUESTS MUST BE ACCOMPANIED BY PAYMENT.			
	2. Each transcript by regular mail within Canada, \$10 Each transcript by regular mail International, \$15			
Date of Request: Signature: Telephone:	3. If the transcript is to be sent by fax, express post, or courier within Canada the fee is \$20. This includes the printing of the transcript. If courier service is required outside of Canada, the total courier charge is the responsibility of the student.			
Email:	4. Official transcripts can be sent directly to another university, college, business or employer.			
 Official / sealed transcript Unofficial / issued to student When required – Check ONE only. 	5. Official transcripts can be provided to a student in a sealed envelope and/or mailed directly to the student.			
 □ As Soon as Possible □ After December grades □ After Spring Convocation □ After April grades 	6. Transcripts marked "Issued to Student" may be ordered for personal use.			
After Spring Convocation After Fall Convocation After Spring grades After Summer grades	 This office cannot release high school transcripts and other documents on file. 			
Number of copies (circle one): 1 2 3 4 5	 Student records are confidential; transcripts are issued only upon the request of the student. Third party requests will not be processed. 			
Send by:	OPTIONAL:			
Regular Mail Express Post (Canada only) Pickup Courier Fax Recipient's Telephone number:	The recipient may find it helpful to know why you have submitted a transcript. (Examples: degree program applied for, employment position being sought, identification number)			
Recipient's Fax number:				
MAIL TO:	OFFICE USE ONLY			
	Cheque Cash			

	OFFICE USE UNLI	
	 Cheque Credit Card 	Cash
	TOTAL FEE: DATE SENT:	
Postal/Zip Code:	DATE SENT.	

For credit card payment, please complete this section and submit with your request form. If paying by cheque or money order please make payable to Acadia University.

Student N	lame: _					
Student II	D _					
	Visa	MasterCard	American Express	(Circle one)		
Card Nun	nber: _		CVV Number:_			
Expiry Da	ite:					
Name on the Card:						
Signature of the Cardholder:						