Transcript Request Form – Mount Allison University

Registrar's Office, 62 York St., Sackville, NB E4L 1E2 CANADA
Phone: (506) 364-2269 · Fax: (506) 364-2272 · Email: transcripts@mta.ca

Last Name	First /Preferred Name	Middle Name	Former Last Name (if applicable)
Phone Number ( )	**Student ID #**	**Years of Attendance/ Graduation**	**E-mail Address**

Please complete a separate form for each mailing address.

1. Transcripts will not be issued until all past due financial obligations to the university have been cleared.
2. Transcripts are issued only upon the written request of the student. Third party requests will not be accepted.
3. The **$10.00 transcript processing fee** must be submitted with the request. Requests can be submitted via mail, fax, e-mail, or in-person.
4. **Fax Service**: Faxed transcripts are **unofficial** and are generally not accepted by other academic institutions
5. **Courier Service:** Recipient's **phone number and complete street address** required below. Recipient's **email** also required for international service. **Please note**: delivery to PO Box is not accepted.
6. Those requesting transcripts should be aware that at certain peak periods it may take approximately two weeks to process a transcript order.

Number of Copies Requested: _____

Request Processed:
- ☐ As Soon as Possible
- ☐ After Fall Term Grades
- ☐ After Winter Term Grades
- ☐ After Spring/Summer Term Grades
- ☐ After degree conferred (recorded on transcript after graduation - for prospective grads)

Delivery Method:
- ☐ Pick up
- ☐ Courier to address & phone number below
- ☐ Mail to address below
- ☐ Fax to number: _____

Credit Card Information (VISA or MasterCard only):

Name on Card _____ **Credit Card #** _____

Expiry Date _____ **CVV Number (back of card)** _____

Transcript recipient (or institution & department name):

_____

Mailing / Courier address – for courier service include street address only (not PO Box):

_____

_____

_____

Recipient's phone # (required for courier):_____

FOR OFFICE USE ONLY

Basic Fee	$10.00
Quantity	
TOTAL	
Staff Initials	

Method of Payment:
- ☐ Cheque
- ☐ Cash
- ☐ Credit Card
- ☐ Debit Card

Student Signature (required) _____ **Date** _____