



Registrar's Office  
1407 14 Avenue NW Calgary, AB T2N 4R3, Canada

Submit completed form(s) to: [Cashier@auarts.ca](mailto:Cashier@auarts.ca)

# Request for Transcript of Record

## Personal Information

Last name:	Middle name(s):	First legal name:
Chosen first name:	Previous name(s) if applicable:	Date of birth (YYYY-MM-DD):
AUArts ID#:	If AUArts ID is unknown, indicate years and program attended:	
Email address (must be sent via AUArts email if current student):	Phone:	

## Processing Instructions

<input type="checkbox"/> Send Immediately (3-5 business day processing time following receipt of payment)	<input type="checkbox"/> Hold for Final Grades (select one): <input type="checkbox"/> Fall Term <input type="checkbox"/> Winter Term <input type="checkbox"/> Spring Term	<input type="checkbox"/> After Credential Awarded (please allow up to 5 business days after Convocation)
Note: AUArts will not be held responsible for meeting deadlines of other institutions.		
Transcript(s) to be:		
<input type="checkbox"/> Picked up at the Registrar's Office or mailed (For pick up, enter Pick Up in address line below)	Number of copies to be picked up or mailed: X \$28.54/copy	
<input type="checkbox"/> Mailed + Emailed* to the address below *Email copy must be sent to the same institution as the mailing address. <b>We do not email official transcripts to personal or student accounts.</b>	Number of copies to be sent to address below: X \$28.54/copy	
<input type="checkbox"/> Emailed (No mailed copy required) <b>We do not email official transcripts to personal or student accounts.</b>	Number of copies to be sent to the email address below: X \$28.54/copy	
Name or Institution:		
Address:		City:
Province:	Postal Code:	Country
Email Address:		
Ready to request your official transcripts? Submit your completed form(s) to: <a href="mailto:Cashier@auarts.ca">Cashier@auarts.ca</a> Questions about the transcript request process? Please email: <a href="mailto:Registrar@auarts.ca">Registrar@auarts.ca</a>		
The official transcript bears the student's legal name. By signing below, I hereby authorize AUArts to release my official transcript.		
Student Signature:	Date:	

## Office Use Only

Date received by Cashier's Office:	Charge added to student account (TRNS – 2023-2024) :	Payment received on student account: <input type="checkbox"/>
Transcript Issue Date:		SAA:

Registrar's Office || Issue Date: July 27/ 2023

The personal information recorded on this form is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP)*.