

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

Submit completed form(s) to Cashier@auarts.ca

Request for Transcript of Record

Ре	rsonal Information				
Las	st name:	Middle name(s):		First or Chosen Name:	
Pre	evious name(s) if applicable:	Date of birth:		AUArts ID#:	
Indicate years of attendance and program:				Did you complete a minor?	
Em	nail address (must be sent via AUA	Arts email if current student):		Phone:	
Pr	ocessing Instructions				
w	□ Send Immediately (RUSH Transcripts will be processed the business day following receipt of payment) □ Hold for Final Grades (□ Fall Term □ Winter Term □ Spring Term			t one): 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: ☐ Picked up at the Registrar's Office Number of copies to be picked up: X X \$28.54/copy				
E	☐ Mailed + Emailed to the address below *Email copy must be sent to the same institution as the mailing address. We do not email official transcripts to personal or student accounts. Number of copies to be sent to address below: X X \$28.54/copy				
٧	☐ Emailed (No mailed copy required) We do not email official transcripts to personal or student accounts. Number of copies to be sent to address below: X \$28.54/copy				
N	ame or Institution:				
A	Address:			City:	
Pi	rovince:	Postal Code:	Cou	ntry	
Email Address:					
Ready to request your official transcripts? Submit your completed form(s) to: Cashier@auarts.ca Questions about the transcript request process? Please email: Registrar@auarts.ca					
	The official transcript bears the student's legal name. By signing below, I hereby authorize AUArts to release my official transcript.				
Student Signature:			Date:	Date:	
Off	Office Use Only				
	Date received by Cashier's Office:	Charge added to student account		Payment received on student account:	
	Transcript Issue Date:			SAA:	

Registrar's Office || Issue Date: February 2024