



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

Submit completed form to registrar@auarts.ca

Request for Transcript of Record

Personal Information		
Last name:	Middle name(s):	First or Chosen name:
Previous name(s) if applicable:	Date of birth:	AUArts ID#:
Indicate years of attendance and program attended:		Did you complete a minor?
Email address (must be sent via AUArts email if current student):		Phone:

Processing Instructions		
Number of copies: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
<input type="checkbox"/> Regular (3 to 5 business days - no charge) <input type="checkbox"/> RUSH (Transcripts will be processed the business day following receipt of payment – charge of \$59.34 per copy applies) <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)		
Transcript(s) to be: <input type="checkbox"/> Picked up at the Registrar's Office <input type="checkbox"/> 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.) <input type="checkbox"/> Emailed (No mailed copy required. We do not email official transcripts to personal or student accounts.)		
Name or Institution:		
Address:		City:
Province:	Postal Code:	Country
Email Address:		
The official transcript bears the student's legal name. By signing below, I hereby authorize AUArts to release my official transcript.		
Student Signature:		Date:

Ready to request your official transcripts? Submit your completed form to: Registrar@auarts.ca

Note: AUArts will not be held responsible for meeting deadlines of other institutions.

Office Use Only		
Date received by Registrar's Office:	Charge added to student account <input type="checkbox"/>	Payment received on student account: <input type="checkbox"/>
Transcript Issue Date:		SAA:

Registrar's Office || Issue Date: July 2025

Protection of Privacy –The personal information collected through this form is for processing your request to disclose the personal information to the authorized individual/office/program. This collection is authorized by section 4 (c) of the Protection of Privacy Act. For questions about the collection of personal information, contact registrar@auarts.ca, Tel: 403.284.7634 or the University Secretary at access.privacy@auarts.ca.