

## Personal Information

Last name:	Middle name(s):	First (or chosen) name:
Previous name(s) if applicable:		Date of birth:
AUArts ID#:	If ID is unknown, indicate years attended:	
Street address / PO box:	City:	Province:
Postal code:	Country:	Telephone number:
Email address:		
By signing below, I hereby authorize AUArts to release my official transcript.		
Student signature:		Date:

## Processing Instructions

<input type="checkbox"/> Prepare transcripts immediately (please allow 4-5 business days for processing)	<input type="checkbox"/> Hold for final results from: <input type="checkbox"/> Fall Semester 20____ <input type="checkbox"/> Winter Semester 20____ <input type="checkbox"/> Spring Semester 20____	<input type="checkbox"/> Hold for graduation information (please allow up to 3 weeks after convocation)
Note: AUArts will not be held responsible for meeting deadlines of other institutions.		
Transcripts to be: <input type="checkbox"/> Picked up (via curbside pick up) <input type="checkbox"/> Mailed to the address below:		Number of copies:
Name or Institution:		
Address:		City:
Province:	Postal Code:	Country
Please note during this time we are not able to offer rushed transcripts. Please submit completed forms via email to <a href="mailto:registrar@auarts.ca">registrar@auarts.ca</a> .		

## Office Use Only (Registrar's Office)

Date issued:	Initials:
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