

REGISTRAR'S OFFICE

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PERSONAL INFORMATION

Name: _____
last first middle

Maiden or Previous Name (if applicable): _____ Date of Birth: _____

AUArts ID#: _____ If unknown, indicate years attended: _____

Address: _____
Street/PO Box City Province Postal Code

Telephone: _____ Email: _____

I hereby authorize AUArts to release my official transcript.

STUDENT SIGNATURE: _____ DATE: _____

PROCESSING INSTRUCTIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> Prepare transcripts immediately (\$25.50 fee per copy please allow 4-5 working 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) |
| <input type="checkbox"/> Prepare transcripts RUSH (extra \$51 fee per copy within 2 business days) | | |

NOTE: AUArts shall not be held responsible for meeting deadlines of other institutions.

Transcripts to be **PICKED UP** or **MAILED** to the address below: Number of Copies: _____

Name/Institution: _____

Address: _____

City/Province: _____ Postal Code: _____

Please provide contact name and phone number for courier requests.

PAYMENT INSTRUCTIONS

Transcripts are available for \$25.50 per copy (+\$51 per copy if rush), GST included. Payment is required before processing of this request may begin. Please indicate method of payment below. If paying by credit card, please phone (403) 284-6246 with your card number.

- VISA MASTERCARD AMERICAN EXPRESS

You may submit this signed form by mail to the address above, by fax to (403) 284-7644 or by email to registrar@auarts.ca.

OFFICE USE

Date Issued: _____ Initials: _____