Université Concordia University

TRANSCRIPT OF ACADEMIC RECORD REQUEST

Enrolment Services ■ R60

ONE FORM IS REQUIRED FOR EACH REQUEST

This form cannot be accepted if submitted via email.

Student Information

First Name

Family Name / Maiden Name

Street Address (current)

City

Province / State

Country

Zip / Postal Code

Home Telephone

Cellular / Mobile

Email Address

Student ID Number

Date of Birth (dd / mm / yy)

Program of Study

Years Attended

Official Transcript Delivery

Number of sealed envelopes – Please indicate the number of sealed envelopes beside one of the following options.

_____ My complete transcript. _____ My graduate transcript only.

There is a $16 CAD charge for each envelope.

Delivery Method

☐ **Regular mail**

Transcripts destined to Quebec Universities are sent electronically.

☐ **Courier** (Additional fees apply)

☐ **To be picked up**

Delivery Address

☐ Deliver to the student's address above

☐ Deliver to alternate address (Indicate below)

Name of individual and/or institution or company

Line 1

Line 2

City

Province/State

Country

Zip / Postal Code

Student's Signature _____ **Date** _____

PLEASE SIGN THE REQUEST – INCOMPLETE FORMS WILL DELAY PROCESSING.

TRANSCRIPT OF ACADEMIC RECORD REQUEST

Enrolment Services ■ R60

Payment Information

Credit card number and signature of card holder are required for fax and mail requests.

Student ID # _____ **Student's First Name** _____ **Student's Last Name** _____

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover Card

Excluding debit credit cards, i.e., TD, CIBC, and US Debit Credit Card.

Card Number: _____ - _____ - _____ - _____ **Expiry Date:** _____ (MM) - _____ (YY)

Cardholder's First Name _____ **Cardholder's Last Name** _____

3 Digit CVD Security Code: _____
(Located on back of card)

The 3 digit CVD security number on the back of your credit card is required to process your payment. For security reasons, only include the CVD if sending this form by fax. If mailing the form, we will contact you by telephone for the CVD number.

Amount: $ _____ ☐ I accept the extra fees for courier service.

PLEASE SIGN

Cardholder's Signature: _____

Form Submission

This transcript request form may be submitted by fax (514-848-2837), by mail or in-person at the Birks Student Service Centre (LB 185). This form cannot be accepted if submitted via email.

To send the completed form **via fax**:

514-848-2837
Attention – Transcript Department

To send the completed form **via mail**:

Concordia University
Enrolment Services – Transcript Department
1455 De Maisonneuve Blvd. West, FB-900
Montreal, Quebec H3G 1M8

To submit **in-person**:

Birks Student Service Centre
Room LB 185
1400 De Maisonneuve W.

Please Note

- Requests may take 7 to 10 days to process. During peak periods, the process may take longer. Pre-1983 records may take longer.
- Transcripts will not be issued for any student with an outstanding account balance. Students are responsible for ensuring their account is clear.
- Concordia University cannot be held responsible for lost or delayed mail.
- Refer to **concordia.ca/officialtranscripts** for more details.