

Request for Transcript

Students must complete this form and either return by mail to: Student and Instructor Services, Extended Education, 185 Extended Education Complex, University of Manitoba, Winnipeg, MB R3T 2N2; by fax: 204-272-1626 (credit card payments only); or by email: extended@umanitoba.ca
The charge for each transcript is \$13.50 (subject to change). Please allow two or three working days for processing.

STUDENT INFORMATION:

Last Name: _____

First (Given) Name: _____ Date of Birth (yy/mm/dd): _____

Student Number: _____ Day Phone: _____

Email: _____

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of processing your request for transcripts. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

If you are re-sending this form to ensure it was received, please check here so that your request is not duplicated.

TRANSCRIPTS REQUESTED:

How many transcripts to be produced? _____

Indicate when you would like your transcript:

Current Record (It is the student's responsibility to ensure that all required grades are visible in Aurora prior to ordering)

After my upcoming graduation on: _____

DELIVERY OPTIONS:

I will pick up at 185 Extended Education Complex* Pick up by a person I authorize*: _____

Mail to the following address(es)** (first and last name of the person authorized to collect the transcript)

Courier to the following address(es)** (Cannot courier to a PO Box)
Additional courier fees will apply: \$20 to anywhere in Canada; \$50 to anywhere in the USA; \$100 for international/overseas delivery.

*Transcripts not collected will be shredded six months after the original request date. Photo ID will be required upon pick up.

** Please complete the mailing address section. Delivery problems arising from incorrect information being provided are not the responsibility of Student and Instructor Services.

Applicant Authorization: _____ Date: _____

METHOD OF PAYMENT:

All applicable fees must accompany this form.

Cash – In-person only. Debit – In-person only. Cheque/Money Order – Payable to the University of Manitoba (post-dated cheques can not be accepted).

Payment by credit card – Complete the following section. Visa MasterCard

Card holder's name (as it appears on the card): _____ Amount: \$ _____

Authorizing signature: _____

Credit card number: _____ Expiry date: _____