



## Transcript of Academic Record Request

Office of the Registrar  
 Box 6004 (333 Gorge Road)  
 Moncton, New Brunswick  
 Canada E1C 9L7

**Personal Information:**

Student Number: \_\_\_\_\_ Degree: \_\_\_\_\_

Surname \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

First name \_\_\_\_\_ Middle name \_\_\_\_\_

**Current Address:**

Street \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Last year attended: \_\_\_\_\_

Visiting student from \_\_\_\_\_  
 University/College \_\_\_\_\_

- Transcripts may require up to five business days.
  - Official transcripts will be sent directly to the university or college. Transcripts marked "Unofficial" may be ordered for personal use.
  - Transcripts will only be processed if there are no outstanding financial obligations to the university. It is the student's responsibility to be aware of such obligations.
  - Transcripts will only be issued upon the written, signed request of the student.
  - The Registrar's Office is hereby authorized to release my academic transcript to the institution or individual named herein.
- Student's signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

- The student is responsible for providing clear and accurate information for the address of the recipient within the box provided.

Attention: \_\_\_\_\_  
 Fax to : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mail to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Transcript Requirement Type:**

Unofficial Transcripts (no charge)  
 Official Transcripts (\$10 per destination, up to a maximum of 3)  
 Number of copies required: \_\_\_\_\_

**Transcript Requirement Date:**

Send as of this date  
 Send after Fall semester  
 Send after Winter semester  
 Send after Spring/Summer session  
 Specify Deadline (if applicable): \_\_\_\_\_

**Transcript Release Options:**

Via mail (address must be completed below)  
 Via fax (number must be indicated below)  
 Please note: A fax copy may not be considered official by receiving institution  
 Pick up from office (Identification required)

**Payment Method**

All official transcripts require a payment of \$10 per request. Courier charges will be additional if required.

Cash or Cheque or Money Order  
 (payment must accompany request)  
 Visa Credit Card  
 (Cardholder must complete information below)  
 MasterCard Credit Card  
 (Cardholder must complete information below)

I hereby authorize Atlantic Baptist University to charge transcript fees to my credit card, as instructed, for the student named herein. By signing this form I understand that it will have the same force as if I signed the credit card slip.

Cardholder's name \_\_\_\_\_  
 Card number \_\_\_\_\_  
 Amount \_\_\_\_\_ Expiry date \_\_\_\_\_  
 Signature \_\_\_\_\_

Office Use Only

Financial Office  
 Date Paid: \_\_\_\_\_ Accepted: \_\_\_\_\_

Registrar's Office  
 Date Sent: \_\_\_\_\_ Sent by: \_\_\_\_\_