



Transcript of Academic Record Request

Office of the Registrar
Box 6004 (333 Gorge Road)
Moncton, New Brunswick
Canada E1C 9L7
P.506.858.8970
F.506.858.9694

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 (\$5 per transcript)
 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 \$5 per transcript. 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 Crandall 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: _____