TRANSCRIPT REQUEST FORM

IMPORTANT: Complete this form in its entirety. Please print legibly. Incomplete and illegible forms will be returned. With the exception of requests for practicum and internship purposes, your transcript will not be issued if you have an outstanding balance.

SECTION I: PERSONAL INFORMATION

LAST NAME:                                  FIRST NAME:                                  D.O.B.     /      /
FORMER LAST NAME:                   STUDENT ID:                                  
LAST TERM ENROLLED:                  GRADUATION YEAR:                                  
HOME ADDRESS:                                  CITY:                                  
PROVINCE/STATE:                                  POSTAL/ZIP CODE:                                  PHONE:                                  
EMAIL:                                  
IS THIS NEW ADDRESS INFORMATION:    □ YES    □ NO

SECTION II: SPECIFY THE QUANTITY REQUESTED (PROCESSING TIME IS FIVE BUSINESS DAYS)

TOTAL TRANSCRIPTS REQUESTED: _____________  TOTAL ENCLOSED: $__________ ($10 PER OFFICIAL TRANSCRIPT)

SECTION III: SPECIAL INSTRUCTIONS – PLEASE CHECK AT LEAST ONE

☒ Send transcripts after grades are posted. Term:_____________________
☒ Send transcripts after degree is posted.  List degree:_____________________
☒ Send now; do not hold for grade or degree posting.

SECTION IV: DELIVERY - PLEASE CHECK AT LEAST ONE

☒ Pick-up from Vancouver Campus (12th Floor) when transcripts are ready.
☒ Send transcripts Next-Day Delivery to the address below.  ADD $25.00 for each address within the US; ADD $30.00 for each address within Canada.  Contact our office for international rates outside of Canada.
☒ Mail transcripts to the address listed below.

Name/Company: _____________________________________________________________________________________
Address: _______________________________________________ ____________________________
City, Province/State, Postal/Zip, Country: ________________________

SECTION V: NOTIFICATION INFORMATION

☒ E-mail or call me when transcripts are ready.  E-mail or Phone:__________________________

Other special instructions: ______________________________________________________________________________

SIGNATURE: __________________________ DATE: __________________________

If returning request by mail, please send to the address at the top of the form.

OFFICE USE ONLY:
Date Received: __________________________ Amount Paid: __________________________ Payment Type: __________________________
Holds: __________________________ Date Processed: __________________________ Processed By: __________________________
Credit Card Payment Authorization

Date: __________________________   ID #: ____________________________

Name: ____________________________________________________________________________

Day Phone #:___________________    Evening Phone #:___________________

I hereby provide/authorize payment in the amount of:  
(If amount is left blank, form will not be processed)

$________________ . _____

☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Card # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Exp. Date: _______ / _______

(month) (year)

Card Billing Street Address and Zip  ______________________________________
(Example: 12345 Any Street, 60601 – This is the address associated with the card, not the student)

Signature: ________________________________________________________________

Cardholder name: ____________________________________________________________
(Please print name exactly as it appears on card)

*Please ensure that this form is completed in full. Missing/incorrect information may result in processing delays. Payment is considered “received” only once a fully completed form has been processed. This payment form is NOT FOR TUITION PAYMENTS. Tuition payments received by this form will not be accepted and student accounts will be considered late.

Please check one:

☐ PsyD Deposit Start Term:  _______________  ☐ Transfer Credit Fee
☐ MA Deposit Start Term:  _______________  ☐ Application Fee
☐ Other:  __________________________________  ☐ Transcript Fee

Received by (staff/work study name): __________________________