ADLER UNIVERSITY, VANCOUVER CAMPUS
OFFICE OF THE REGISTRAR
520 SEYMOUR STREET • VANCOUVER, BC V6B 3J5
PHONE: (236) 521-2500 • FAX: (236) 521-2400

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 (2nd Floor) when transcripts are ready.
- ❑ Send transcripts *Next-Day Delivery* to the address below. **ADD $30.00 for each address within Canada**. Contact our office for international rates outside of Canada. If choosing Next-Day Deliver, please provide the recipient's phone number.
- ❑ 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:* _________________________

ADLER UNIVERSITY

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**

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

Exp. Date: _______ **/** _______ **Security Code (CVV):** ___ ___ ___

(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):________________