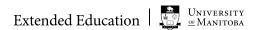
STUDENT AND INSTRUCTOR SERVICES



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:	
. , , ,	e information you provide will be used by the University for the purpose of processing your request for transcripts. Your personal mation and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact Vinnipeg, 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. \square
TRANSCRIPTS REQUESTED:	
How many transcripts to be produced?	
Indicate when you would like your transcript:	
\Box 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:	
_	
_	c 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 anyw	where in the USA: \$100 for international/overseas delivery.
*Transcripts not collected will be shredded six months after the original request date. Photo ID wil	l be required upon pick up.
** Please complete the mailing address section. Delivery problems arising from incorrect information	on 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. ☐ Che	$que/Money\ Order-Payable\ to\ the\ University\ of\ Manitoba\ (post-dated\ cheques\ can\ not\ be\ accepted).$
$\hfill\Box$ Payment by credit card — Complete the following section. $\hfill\Box$ Visa	☐ MasterCard
Card holder's name (as it appears on the card):	Amount: \$
Authorizing signature:	
Credit card number:	Expiry date: