

OFFICIAL TRANSCRIPT REQUEST FORM

Please ensure that you allow processing time in order to meet document deadlines at other institutions.

Note: Transcripts will not be issued to students with outstanding balances owing to MacEwan University.

PERSONAL INFORMATION

PLEASE FILL IN ALL INFORMATION IN FULL (PLEASE PRINT)

STUDENT ID NO.: <i>(if known)</i>	FAMILY (LAST) NAME:	FIRST NAME:	MIDDLE NAME:
FORMER NAME(S) (IF APPLICABLE)			
ADDRESS:		CITY/PROVINCE:	POSTAL CODE:
BIRTH DATE: MM _____ DD _____ YY _____		<input type="radio"/> CHECK IF YOU WISH US TO UPDATE YOUR ADDRESS	
HOME PH.:	CELL:	WORK PH.:	EXT.:

Note: If your name has changed since attending MacEwan and you would like it updated in our system, please provide at least one of the following official Government Issue identification:

Valid Drivers license* Provincial ID Card* Valid Passport* Citizen Documentation
*Only current ID will be recognized as valid. Expired ID will not be accepted for a name change.
The Office of the University Registrar's staff member shall verify ID.

DETAILS OF ATTENDANCE

CURRENT/ PREVIOUS PROGRAM NAME:	ATTENDED THE ALBERTA COLLEGE PRIOR TO JUNE 1, 2002	YES	NO
WHICH YEAR(S) ATTENDED:	NOTE: IF YOU TOOK HIGH SCHOOL COURSE WORK FROM ALBERTA COLLEGE, YOU MUST CONTACT ALBERTA LEARNING TO OBTAIN A TRANSCRIPT		

PROCESSING INSTRUCTIONS

Check only ONE of the boxes below (Use a separate form for each request)

<input type="radio"/> PROCESS IMMEDIATELY (WITHIN 2 BUSINESS DAYS) Note: Peak times may take 3-5 business days (January and May)	<input type="radio"/> PROCESS WHEN TERM GRADES AVAILABLE This option will set your transcript to print after the grade submission deadline for the specified term <input type="radio"/> FALL <input type="radio"/> WINTER <input type="radio"/> SPRING/ SUMMER	<input type="radio"/> PROCESS WHEN CREDENTIAL AWARDED <input type="radio"/> SPRING CEREMONY (June) <input type="radio"/> FALL CEREMONY (November)
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MAILING/ PICK UP INSTRUCTIONS

<input type="radio"/> MAIL TO MY HOME ADDRESS (As listed above) # of copies _____	<input type="radio"/> PICK UP _____ # OF COPIES AT:
OR	<input type="radio"/> Office of the University Registrar (Building 7, 7-110)
<input type="radio"/> MAIL TO AN ALTERNATE ADDRESS	<input type="radio"/> SCE Student Support Centre (Allard Hall 11-521)
NAME: _____	<input type="radio"/> FAX REQUEST: FAX# _____
# OF COPIES _____	ATTENTION: _____ # OF COPIES _____
ADDRESS: _____	

CITY & PROVINCE: _____	TOTAL # OF COPIES _____
POSTAL CODE: _____	

STUDENT AUTHORIZATION

I AUTHORIZE MACEWAN UNIVERSITY TO RELEASE THE TRANSCRIPT(S) REQUESTED.

SIGNATURE: _____
Signature not required if sent from a student @mymacewan.ca email account

DATE: _____

OFFICE USE ONLY

CONFIRMATION #

ENTERED BY: _____
DATE: _____
SENT BY: _____
DATE SENT: _____

The Office of the University Registrar is not responsible for transcript deadlines at other institutions.

PERSONAL INFORMATION COLLECTION NOTICE

The personal information requested on this form is collected under Section.33(c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of one or all of the following: to determine eligibility for admission and financial assistance, to advise students about academic programs and to provide university services at MacEwan University. Questions concerning this collection should be directed to the Lead, Privacy and Information Management at privacy@macewan.ca