



TRANSCRIPT REQUEST FORM

Career Development Program

Attention: Kerri McKinnon

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		STUDENT INFORMATION
Surname	First and Middle Name(s)	Concordia ID Number
Former Name (if applicable)	Email Address	Date of Birth (mm/dd/yy)
Apt. No, Street Address		Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	Prov	Postal code
		Country (if outside Canada)
Are you a: <input type="checkbox"/> Current Student <input type="checkbox"/> Former Student		
In what years did you attend Concordia? _____ TO _____		
In which Concordia program(s) are you currently enrolled or have you previously attended?		
<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Open Studies		

Be prepared to show identification when you pick up your transcripts. If someone else picks them for you, they must present detailed written authorization signed by you and show their identification.

Number of Copies:		Number of Copies:	
<input type="checkbox"/> Please mail transcripts to me at the above address		<input type="checkbox"/> I will pick up transcripts at the Career Development Office	

Number of Copies:		Number of Copies:	
<input type="checkbox"/> Mail transcripts to the institution below		<input type="checkbox"/> Mail transcripts to the institution below	
Name		Name	
Address		Address	
City	Prov	Postal Code	
City	Prov	Postal Code	
Country (if outside Canada)		Country (if outside Canada)	

1. Transcripts are not released if monies are owing to Concordia.
2. Transcripts are normally processed within one week of you request. Please state clearly if you require them earlier or by a specific deadline.

Student's Signature	Date
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