OFFICIAL TRANSCRIPT REQUEST

UNIVERSITY OF THE FRASER VALLEY

Admissions and Records Departments

Abbotsford	Chilliwack	Hope	Mission
33844 King Rd	45635 Yale Rd	1250 7th Ave	33700 Prentis Ave
Abbotsford, BC	Chilliwack, BC	Hope, BC	Mission, BC
V2S 7M8	V2P 6T4	V0X 1L4	V2V 7B1

Complete the form in dark blue or black ink and submit to any A&R office.

FEES: $5.00 per transcript. Payment must accompany request.
Faxed transcripts are $5.00 plus an additional $10.00 fee.

Toll Free: 1.888.504.7441 ext. 2802
Transcript Contact: 604.795.2802
Fax: 604.792.2814

UFV student number	Student's full legal name
Birthdate Y Y Y Y | M M M | D D	Former surname (if applicable)
Daytime telephone number	Email address

TRANSCRIPT REQUEST #1 (Check one "Hold for" box per request)

☐ Please process within 5 business days; or

☐ Hold for completion of: ☐ Fall ☐ Winter ☐ Summer ☐ Graduation

Number of Copies: _____

☐ Mail to name and address below

☐ Fax to name and number below

☐ Courier: Fees and arrangements made by student

☐ Pick up in:
- ○ Abbotsford
- ○ Chilliwack
- ○ Mission
- ○ Hope

Address or Fax information

If your mailing address is different from what we have on file, would you like us to update our records? ☐ Yes ☐ No

TRANSCRIPT REQUEST #2 (Check one "Hold for" box per request)

☐ Please process within 5 business days; or

☐ Hold for completion of: ☐ Fall ☐ Winter ☐ Summer ☐ Graduation

Number of Copies: _____

☐ Mail to name and address below

☐ Fax to name and number below

☐ Courier: Fees and arrangements made by student

☐ Pick up in:
- ○ Abbotsford
- ○ Chilliwack
- ○ Mission
- ○ Hope

Address or Fax information

If your mailing address is different from what we have on file, would you like us to update our records? ☐ Yes ☐ No

INFORMATION FOR TRANSCRIPT REQUESTS

1. Transcripts will be issued on or before 5 business days after receipt of request.
2. Transcripts will not be released if your financial account is in arrears.
3. Photo ID is required for all transcript pick ups. Third party pick up requires authorization on this form or a letter of proxy. The third party must present photo ID for the pick up.
4. Unclaimed or returned transcripts are destroyed 3 months after the date of issue.

COMPLETE FOR THIRD PARTY PICK UP ONLY

I give permission to : _____
to pick up my transcript (s).

_____
Student signature for third party pick up

STUDENT'S SIGNATURE: _____ **DATE:** Y Y Y Y | M M M | D D

Student records are confidential and are not released without the written consent of the students, unless otherwise required by law. Your signature on this form allows the official transcript to be issued to the places specified.

METHOD OF PAYMENT

Quantity:	Amount: $

☐ Cash ☐ Cheque ☐ Debit ☐ VISA ☐ MasterCard ☐ American Express

Card number	Expiry date	Cardholder's signature

Revised - 11/02/2010