

TRANSCRIPT REQUEST

Complete in **dark blue or black ink** and submit to Admissions & Records. Allow five business days for preparation. Fees apply. See www.ufv.ca/ar/studentrecords for current price schedule.

Personal information	
UFV student ID	Birthdate Y Y Y Y M M M D D
Student's full name	
Previous last name (if applicable)	Phone #
Student's signature	Date

Payment	
Qty. requested	x \$5 (+ \$10/fax, if required) = \$
Method of payment	
<input type="checkbox"/> Cash	<input type="checkbox"/> Debit
<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> American Express	<input type="checkbox"/> Cheque
Cardholder's signature (if applicable)	
Credit card #	Expiry

Preparation instructions (check one)	
<input type="checkbox"/> Process now	<input type="checkbox"/> Hold for term marks

Delivery instructions (check one)	
<input type="checkbox"/> Mail to:	<i>Include name, address, and postal code</i>
If this mailing address is different from what we have on file, would you like us to update our records? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Fax to #: ()	
Attn: _____	
Note: An additional \$10 fee applies for faxing.	
<input type="checkbox"/> Hold for pick up:	<input type="checkbox"/> Abbotsford <input type="checkbox"/> Chilliwack <input type="checkbox"/> Mission <input type="checkbox"/> Hope

OFFICE USE ONLY	
Received: <input type="checkbox"/> By web	<input type="checkbox"/> By phone
<input type="checkbox"/> By mail	<input type="checkbox"/> By fax
<input type="checkbox"/> In person	EDI: <input type="checkbox"/> Yes
Modified: 18-Sep-09	