

OFFICIAL TRANSCRIPT REQUEST

Complete the form and submit to any Office of the Registrar by email, or fax.



Office of the Registrar

Transcript Contact: 1.888.823.8734

Email: transcripts@ufv.ca

Fax: 604.858.4779

Fees: \$10 per transcript. Payment must accompany request.

Courier request: additional fee - \$25 within Canada, \$30 USA, \$35 International

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

P E R S O N A L	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

T R A N S C R I P T	Number of Copies: _____ At this time UFV does not send transcripts via email
	Choose one: *Rush option is temporarily unavailable <input type="checkbox"/> Process within 3 business days <input type="checkbox"/> Hold for completion of: <input type="radio"/> Fall <input type="radio"/> Winter <input type="radio"/> Summer <input type="radio"/> Graduation
	Choose one: *Pick up option is temporarily unavailable <input type="checkbox"/> Mail to name and address below <input type="checkbox"/> Courier to name and address below (additional fees listed above)
	Recipient, Address and/or fax information
	Issue to: _____ Street Line 1: _____ Street Line 2: _____ Province/State: _____ City or Town: _____ Postal Code or Zip Code: _____ Recipient Phone # (if courier option selected): _____ Fax # (additional \$15 fee): _____

Please be aware UFV will not be responsible for meeting deadlines or ensuring deliveries.

INFORMATION FOR TRANSCRIPT REQUESTS

- Transcripts will be issued on or before 3 business days after receipt of request.
- Transcripts will not be released if your financial account is in arrears.
- 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 at pick up.
- Unclaimed or returned transcripts are destroyed 1 month 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 SIGNATURE: _____

DATE: Y Y Y Y M M M D D

FREEDOM OF INFORMATION/PROTECTION OF PRIVACY. The information on this form is collected under the authority of British Columbia's Freedom of Information and Protection of Privacy Act [(RSBC 1996) chapter 126] and the University Act. This information is used only for the administration of academic programs and providing educational and related support services. If you have any questions about the collection and use of this information, contact the Enrolment Services Coordinator at 604-854-4501 or reginfo@ufv.ca

Quantity:	Amount: \$	PAYMENT METHOD:
		<input type="checkbox"/> Online Banking <input type="checkbox"/> Credit card - Provide card information below when submitting via email or fax
Card number 	Expiry date 	Cardholder's signature