

TRANSCRIPT REQUEST FORM

This form can be used by those wishing to order a transcript via Mail. A cheque or money order must accompany this form. To pay and order using a credit card, please place your request via SOLUS.

Todays Date:	Student Number:
First Name:	Last Name:
Maiden Name (if applicable):	Date of Birth:
Number of Copies Required: Please submit one request form per destination. Each transcr	ipt is \$18
When would you like your transcript produced? ☐ Immediately ☐ After Fall Degree Conferred (Nov.) ☐ After Spring Degree Conferred (June)	
the email address field. We will send the transcrip $\hfill\Box$ Digital (email)	S or TQS in BC, please select digital and enter the organizations name in ots through these organizations preferred electronic channel**
Name:	Email Address:
☐ Mail (Canada Post)☐ Courier☐ Ontario (\$15)☐ Other Provinces (\$20)	□ USA/Bermuda (\$25) □ All other destinations (\$50)
Name: Address:	
City: Province: Country:	Postal Code: Phone Number:
Notes or special handling instructions:	
Student Signature:	
	rity of the Royal Charter of 1841, as amended. The information collected will be est as identified on this form. For more information, please contact the Office of a Street, Kingston, Ontario, K7L 3N6, 613-533-6894

MAIL FORM & PAYMENT TO:

Office of the University Registrar Atten. Transcripts Queen's University Gordon Hall, Room 125 74 Union Street Kingston, ON K7L 3N6

OFFICE USE ONLY	
Total # of transcripts ordered:	
Transcript fee:	
Total Cost:	
Payment Enclosed:	
No Payment:	