

TRANSCRIPT REQUEST FORM

The personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by the Office of the University Registrar to process your request as identified on this form. For more information, please contact us by mail at **The Office of the University Registrar (Records and Services), Queen's University, Gordon Hall Room 125, 74 Union Street, Kingston, Ontario K7L 3N6**, or by phone at 613-533-2040.

Today's Date:	<input type="text"/>	Date of Birth:	<input type="text"/>	Student Number (if known):	<input type="text"/>
Graduation Year:	<input type="text"/>	Faculty / School at Queen's (e.g : Medicine, Engineering):	<input type="text"/>		
Last Name:	<input type="text"/>	Maiden Name (if applicable):	<input type="text"/>		
First Name:	<input type="text"/>	Email:	<input type="text"/>		

Are you a currently registered student?

If registered, year in your current program?

Required when?:

NUMBER OF COPIES REQUIRED:

If you are sending to more than one destination, please use additional forms.
\$15.00 charge for each transcript

PROCESSING

MAIL FORM WITH PAYMENT TO:

Office of the University Registrar (Records and Services),
Queen's University,
Gordon Hall, Room 125
74 Union Street,
Kingston, Ontario K7L 3N6

ATTN: TRANSCRIPTS

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Address	<input type="text"/>				
City	<input type="text"/>	Prov.	<input type="text"/>	Postal Code	<input type="text"/>
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SHIPPING INSTRUCTIONS:

Mail (Canada Post)

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Special Handling Instructions?

(i.e. completion of included forms to send with order, application / reference number):

STUDENT SIGNATURE: _____

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