

Transcript Request Form

Registrar's Office

62 York Street
 Sackville, NB E4L 1E2 CANADA
 Phone: (506) 364-2269
 Fax: (506) 364-2272
 E-mail: regoffice@mta.ca



Last Name	First /Preferred Name	Middle Name	Former/Maiden Name (if applicable)
Phone Number ()	E-mail Address	Student ID #	Years of Attendance/Year of Graduation

Please complete a separate form for each mailing address.

1. Transcripts will not be issued until all past due financial obligations to the university have been cleared.
2. Transcripts are issued only upon the written request of the student. Third party requests will not be accepted.
3. Transcript Processing Fee must be submitted with the request. Requests can be submitted via mail, fax, or e-mail.
4. **Basic Fee:** \$10.00 per transcript (includes regular mailing)
5. **Fax Service:** Basic Fee \$10.00 (No. 4 above) and additional \$5.00 Fax Service per transcript (faxed transcripts are **unofficial** and are generally not accepted by other academic institutions)
6. **International Fax Service:** Basic Fee \$10.00 (No. 4 above) and additional \$10.00 International Fax Service per transcript.
7. **Rush/Priority Processing (Internal Office Priority Processing):** Basic Fee \$10.00 (No. 4 above) and additional \$10.00 per request. **Note: This service may not be available for the first two or last two weeks of each term.**
8. **Courier Service:** Basic Fee \$10.00 (No. 4 above) and additional \$10.00 per request (within Canada only), an additional \$25.00 per request within North America, an additional \$35.00 per request worldwide.
Recipient's phone # and complete street address required below.

Number of Copies Requested: _____

- Request Processed:**
- | | | |
|---|---|--|
| <input type="checkbox"/> As Soon as Possible | <input type="checkbox"/> After Fall Term Grades | <input type="checkbox"/> After Degree Conferred
(recorded on transcript after graduation - this option for current prospective grads) |
| <input type="checkbox"/> After Winter Term Grades | <input type="checkbox"/> After Spring Term Grades | |

- Delivery Method:**
- | | | |
|---|---|--|
| <input type="checkbox"/> Picked up | <input type="checkbox"/> Mailed to address below | <input type="checkbox"/> Faxed to number below |
| <input type="checkbox"/> Rush/Priority Processing | <input type="checkbox"/> Courier (See note 8 above) | |

Credit Card Information (VISA or MasterCard only):

Name on Card _____ **Credit Card #** _____ **Expiry Date** _____

Transcript recipient name and mailing address, or fax number, or courier information (recipient's phone # and street address): **Please print.**

FOR OFFICE USE ONLY			
Basic Fee		\$10.00	
Fax Service		\$5.00	
International Fax Service		\$10.00	
Rush/Priority Processing		\$10.00	
Courier Service		\$10/\$25/\$35	
Staff Initials			
TOTAL			

Method of Payment: Cheque Cash Credit Card Debit Card

Student Signature (required) _____ **Date** _____