



Request for Transcripts

- * Please process my request now Date: _____
- * Please process my request at the end of the semester
- * Call for pick up * Email for pick up

Student Name: _____ ID#: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Telephone Number: _____ Email Address: _____

Signature: _____

Please send my transcript to:

- * Address listed above

Number of Transcripts requested: _____

Name of Institution: _____

Attention: _____ Department: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Number of Transcripts requested: _____ **Fax #:** _____

Name of Institution: _____

Attention: _____ Department: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Number of Transcripts requested: _____ **Fax #:** _____

***Cost:** \$10.00 per transcript

***Additional Costs:** **To Courier:** * \$15.00 Ontario * \$30.00 Other provinces & U.S * \$40.00 International

To Fax: * \$5.00 **To Fax International:** * \$10.00

*** Cheque**

*** VISA**

*** Master Card**

*** American Express**

Credit Card Number: _____ Expiry Date: _____

Card Holder's Name: _____

Signature: _____

Please make cheques payable to the University of Guelph *Prices subject to change

Office of Open Learning, Johnston Hall Room 160, Guelph, Ontario N1G 2W1

Telephone: 519-767-5000

Fax: 519-767-1114

There is no charge for transcripts being directed to the University of Guelph Admissions Services at this time.

Please allow 3 to 5 business days for processing