

## Request for Official Transcript of Academic Record

Office of the Registrar University of Ontario Institute of Technology 2000 Simcoe Street North, Oshawa, ON L1G 0C5 Canada 905.721.3190 905.721.3184 (fax) ontariotechu.ca

name First name	Student Number							
			I			1		

## Note:

- A charge of \$15 will be assessed for each official transcript ordered.
- The normal processing time for transcript requests is five working days.
- Ensure that all pertinent information is present on your academic record before requesting an official transcript.
   If you are unsure if final grades, degrees or other awards have been posted to your record, contact the Office of the Registrar.
- Official transcripts, which are to be forwarded directly to a third party, will be sent via regular mail. The
  university will be pleased to send copies of your official transcript via express mail or courier service, but you
  must submit the postage paid envelopes for these services along with this request.
- If you wish to pick up your transcript at the Office of the Registrar, you must present either your Student ID card or a valid piece of photo identification. For your security, we will not release copies of your transcript without a valid photo ID. If you wish to have someone else pick up your transcript, you must attach a signed request indicating in full the person's name. In order for this person to pick up the transcript, they must also show government-issued photo identification. For security purposes, those transcripts that are picked up and/or mailed directly to the student will be stamped 'Issued to Student'.

Request	1	Request 2			
Please pr	epare copies of my official transcript.	Please prepare copies of my official transcript.			
0 /	As of today.	O As of today.			
O 1	Hold until the release of final grades for the	O Hold until the release of final grades for the			
_	semester.	semester.			
O Hold until the awarding of my degree.		O Hold until the awarding of my degree.			
Transcript	t(s) are to be:	Transcript(s) are to be:			
O Picked up at the Office of the Registrar.		O Picked up at the Office of the Registrar.			
O Mailed to the following address:		O Mailed to the following address:			
Contact name: Contact name:		Contact name:			
Company/dept.:		Company/dept.:			
Address:		Address:			
City:	Province:	City: Province:			
Postal code:		Postal code:			

## Accepted methods of payment include:

- Bank payment: Internet, telephone or at your bank (preferred method)
- Debit
- Money order, certified cheque or bank draft

Student's signature	Date				
This form will not be processed unless it is signed and dated.					

For office use only					
Payment sent to Accounting:	O Yes	O No	Staff init	ials:	Date sent:
Processed by:				Date:	

Personal information on this form is collected under the authority of the University of Ontario Institute of Technology Act, SO 2002, c. 8, Sch. O. and will be collected, protected, used, disclosed and retained in compliance with Ontario's Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F.31. This information will be used for education, administrative and statistical purposes and to administer registration within the University. Questions regarding the collection of your personal information may be directed to the Registrar, 2000 Simcoe Street North, Oshawa, ON L1G 0C5, 905.721.3190, email: <a href="mailto:connect@ontariotechu.ca">connect@ontariotechu.ca</a>.