



Request for Transcript of Academic Record

Student ID #

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First Name	Last Name	<i>Submit to:</i> Enrolment Services Office St. Mary's University 14500 Bannister Rd SE Calgary, Alberta T2X 1Z4 info@stmu.ca Tel: 403.531.9130 Fax: 403.531.9136	
Address			
City	Province		Postal Code
Email	Phone Number		

Request 1 # of Copies of Official (\$10 each) # of Copies of Unofficial (\$2 each)

Name of Institution/individual/agency _____

Address _____

City _____ Prov. _____ Postal Code _____

Mail Hold for final grades
 Courier Hold for degree
 Fax _____
 Pick up Indicate name of person if not you: _____

Request 2 # of Copies of Official (\$10 each) # of Copies of Unofficial (\$2 each)

Name of Institution/individual/agency _____

Address _____

City _____ Prov. _____ Postal Code _____

Mail Hold for final grades
 Courier Hold for degree
 Fax _____
 Pick Up Indicate name of person if not you: _____

Courier Charge Information

Courier charges will be confirmed at the time of request. Charges will vary depending on the destination and the length of time for delivery.

Payment Method

Cheque
 Visa
 MasterCard
 AMEX

Credit Card Number	Cardholder Name
Expiry Date	Cardholder Signature

Declaration & Authorization

1. Transcripts and certificates will be held until all financial obligations to St. Mary's University have been cleared.
2. Degrees conferred do not appear until after Convocation.
3. I understand that St. Mary's will not be held responsible for transcript being lost, delayed or arriving late when sent by a courier service or mail service.
4. Due to the large volume of transcript requests at the beginning and end of each term, and because they are processed in the order in which they are received, 5-7 business days should be allowed for processing.
5. Photo ID will be required for pick up of all Transcripts.
6. I have read and understood the important information stated above and hereby authorize St. Mary's University to release transcripts of my academic record to the individuals and organizations indicated on this form.
7. I grant permission to St. Mary's University to charge the credit card indicated above for all charges detailed in this request.

Signature _____	Date _____	
Date Received	Paid	Completed