Brock University

Office of the Registrar

OFFICIAL TRANSCRIPT OF RECORD
Request Form

500 Glenridge Ave.
St. Catharines ON L2S 3A1
T: 905.688.5550 F: 905-988-5488

*Please **PRINT CLEARLY** in all sections.*
This form will be used for mailing purposes.

Brock Student ID Number:
|___|___|___|___|___|___|___|

GENERAL INFORMATION

- Official transcripts will be sent directly to other universities, business organizations, etc. **A student may receive only an "issued to student" transcript.**
- A transcript will not be issued if any university account is outstanding.
- Student records are confidential and transcripts are issued only on the written request of the student.
- Transcripts are prepared in the order in which requests are received. During peak periods at least 7 working days should be allowed.

TYPE OF SERVICE

1. **Regular Printed** - $12.00 per copy
   Requested transcripts are normally printed within 3-5 working days.
2. **Priority Printed** - $15.00 per copy
   Requested transcripts are normally printed within 1 working day. This does not include courier mailing.
3. **Courier or Fax Service** - additional fees apply.

DELIVERY CODES

A - **SEND** transcript
B - **HOLD** for Fall term marks (late January)
C - **HOLD** for Winter term marks (late May)
D - **HOLD** for Spring term marks (July)
E - **HOLD** for Summer term marks (September)
F - **HOLD** until degree conferred in June
G - **HOLD** until degree conferred in October
H - **HOLD** for pick-up (*ID required*)

For office use only:
Rec'd: YY / MM / DD _____
Signature: _____

STUDENT INFORMATION

Name

Street

City Province Postal Code

Former Surname (*if applicable*) Date of Birth YY / MM / DD

Phone E-mail

Signature Today's Date YY / MM / DD

STEP 1 TRANSCRIPT INFORMATION

TYPE OF SERVICE (check all that apply):

☐ **Regular Printed** ☐ **Courier Service** **additional fee applies*

☐ **Priority Printed** ☐ **Fax Service** **additional fee applies*

STEP 2 DELIVERY INFORMATION

# of Copies	Complete mailing address	Delivery Code
Example: 3	Attn: Jane Doe, Admissions, Brock University, 500 Glenridge Ave, St. Catharines ON L2S 3A1	A

_____ INITIALS Authorization for third-party pick-up (if applicable) **Name:** _____

STEP 3 PAYMENT INFORMATION

Method of Payment ☐ **Cash** ☐ **Cheque** ☐ **Debit Card** ☐ **VISA** ☐ **MasterCard**

Credit Card No. | | | | | | | | | | | | | | | | **Expiry Date (MM/YY)** | | | |

Signature of Card Holder: **Date** (MM/DD/YY):