

Office of the Registrar

REQUEST FOR TRANSCRIPT OF RECORD

Official transcripts are sent directly from the Office of the Registrar directly to educational institutions or companies named by the students will **not** receive notice that transcripts have been sent. Transcripts will not be issued for students who have not fulfilled their financial or other obligations to the University. Mount Royal University shall not be held responsible for meeting deadlines which are not those of the University. **Cost: \$10.00 for each copy requested**.

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STUDENT INFORMAT	ION			
Last/Family Name:		First Name (Legal):	Middle Nam	e (Legal):
MRU Student ID:		Date of Birth: Day	Month Year	
MRU Email:		Phone (cell):	Phone (hom	e):
Current Program:				
TRANSCRIPT INFORM	MATION			
Send Immediately Hold for Graduation Hold for Final Grades (choose one)				
☐ Fall (Sept. – Dec.) ☐ Winter (Jan. – April) ☐ Spring (May – June) ☐ Summer (July – Aug.)				
Forward Official Transcripts to	0:			No. of Copies:
Office Attention of:				
Street Address:				
City:	Province:	Country:		Postal Code:
Forward Official Transcripts to	0:			No. of Copies:
Office Attention of:				
Street Address:				
City:	Province:	Country:		Postal Code:
Pick-Up: Yes No				Total No. of Copies:
Freedom of Information and Protection of Privacy: The personal information you provide on, or with, this form is collected under the authority of the Post-Secondary Learning Act and the Freedom of Information and Protection of Privacy Act in the Province of Alberta. This information will be used for academic administration, the administration of Mount Royal support services, scholarship and financial aid awards, marketing and recruitment activities and in compliance with data sharing agreements with the Students Association of Mount Royal. Further information is available in the Mount Royal calendar and at mtroyal.ca. Questions can also be directed to the Office of the Registrar at 4825 Mount Royal Gate, SW; Calgary, AB; T3E 6K6 or by phone at 403.440.3435.				
STUDENT SIGNATUR	E:		DATE:	
OFFICE USE ONLY				
Payment Received: Yes [No Date Receive	d:		Request Complete:
Signature:				Date:
METHOD OF DAVIMENT				
METHOD OF PAYMEN				
Cash (in-person only)	Cheque (made payable to Mount Royal Uni	versity)	Debit (in-person only)	
Visa	Card Number:		Expiry Date:	
☐ MasterCard	Cardholder's Name:		Cardholder's Signature:	

Please do not email this form if providing credit card information. Any credit card information sent through email will be automatically deleted.