



REQUEST FOR OFFICIAL TRANSCRIPT

PLEASE PRINT ALL INFORMATION

Registrar's Office
St. Thomas University
Fredericton, NB
E3B 5G3
Phone: (506) 452-0530
Fax: (506) 452-7706
Email: registrar@stu.ca

ID NUMBER: _____

Student's Name: _____
Date of Birth: _____
Telephone Number: _____
Email: _____

Maiden Name if applicable: _____
 Did you attend prior to 1986: Yes No

TO SEND TRANSCRIPTS BY REGULAR MAIL

* You are responsible for providing a **CLEARLY PRINTED** and **ACCURATE ADDRESS** of the recipient.

1.

Number of Copies (circle) 1 2 3 4 5

2.

Number of Copies (circle) 1 2 3 4 5

3.

Number of Copies (circle) 1 2 3 4 5

TO BE PICKED UP IN A SEALED ENVELOPE

Number of Copies (circle) 1 2 3 4 5 or _____

****SPECIAL MAILING INSTRUCTIONS****

To be mailed directly by **COURIER** (additional fees)
Phone #:

To be **FAXED (UNOFFICIAL ONLY)**
Name of recipient: _____
Fax #: _____

To be **SCANNED**
Name of recipient: _____

Please Note

1. Transcripts will not be issued until all financial obligations to the university have been cleared.
2. Fee for an official transcript is \$5.00.
3. Transcript requests are normally processed within 2 working days; however this does not include mailing time.
3. If the transcript is to be sent by Courier the total courier charge is the responsibility of the student.
4. This office cannot release high school transcripts and other documents on file.
5. Student records are confidential; transcripts are issued only upon the request of the student. Third party requests will not be processed.

When required – check ONE only.

- Immediately
 After Convocation
 After December exams
 After April exams

Payment Information

Total Fee:\$ _____
Credit Card #: _____
Expiry Date: _____

Date Sent: _____