

Open Learning and Educational Support

Request for Official Transcripts

Date: _____

Please allow 5 business days for processing

- Process my Current Academic Record
- Process **after** my Current Semester Final Grades
- Call for pick up
- Email for pick up

NOTE: Your written authorization is required for someone else to pick up a transcript on your behalf.

Page 1: Student Information (Page 2: Payment Information)

Student Name: _____ ID#: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Telephone Number: _____ Email Address: _____

Student Signature (**REQUIRED**): _____

- Number of Transcripts to be issued directly to student:** _____
(NOTE: This excludes requests below)

Please send my transcript to:

Name of Institution #1: _____

Attention: _____ Department: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Number of Transcripts requested: _____ Fax #: _____

Name of Institution #2: _____

Attention: _____ Department: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip Code: _____

Number of Transcripts requested: _____ Fax #: _____

Our Mailing Address:

Open Learning and Educational Support, University of Guelph
Johnston Hall Room 160
Guelph, Ontario N1G 2W1

Telephone: 519-767-5000

Fax: 519-767-1114

For Inquiries: transcripts@OpenEd.uoguelph.ca

**Open Learning and Educational Support
Request for Official Transcripts**

Payment Information

Student Name: _____ **ID#:** _____

***Cost:** \$12.00 per transcript

***Additional Costs** (per transcript)

To Courier (within Canada):

- \$15.00 Ontario
- \$30.00 Other provinces

To Courier (outside Canada):

- \$35.00 U.S. Cities
- \$40.00 International

To Fax:

- \$5.00 (within Canada and U.S.) or
- \$10.00 (International)

Prices subject to change

There is no charge for transcripts directed to the University of Guelph Admissions Services at this time.

***Payment Options**

- Cheque (payable to the University of Guelph)** **VISA** **Master Card**
- Cash (in person only)** **Debit (in person only)**

Credit Card Number: _____

Expiry Date: _____

3-digit Security Code: _____

Card Holder's Name (Print): _____

Signature (Required): _____

Payment information will be destroyed upon successful payment process.

Transcripts not picked up within six months will be destroyed.