

OFFICIAL TRANSCRIPT REQUEST

Registrar's Office, Birch Building, room BR230, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5

 Tel: 604 984 4900 Email: registration@capilano.ca
PLEASE READ CAREFULLY

An official Transcript request can be submitted:

- **IN PERSON** Registrar's Office, Birch Building, room 230, North Vancouver Campus
- **EMAIL** registration@capilano.ca
- **FAX** 604 984 1798
- **MAIL** Capilano University, Registrar's Office, Birch Building, room BR230, 2055 Purcell Way, North Vancouver, B.C. V7J 3H5

Please Note: An official transcript request will not be processed if any university account is outstanding. Ensure that all sections are complete. Official transcripts can only be ordered by the student or alumnus. Transcripts can only be released to third parties upon the submission of a completed Release of Information Form.

PERSONAL INFORMATION – PART 1

| | | |
|--|------------------------|-------------------|
| STUDENT NUMBER | LEGAL LAST NAME | LEGAL FIRST NAME |
| PREVIOUS NAME (if applicable) | BIRTHDATE (MM/DD/YYYY) | PHONE NUMBER |
| STREET ADDRESS (Including Unit/Apartment) | | CITY |
| PROVINCE/STATE | COUNTRY | POSTAL CODE |
| UPDATE MY ADDRESS ON FILE : YES <input type="checkbox"/> NO <input type="checkbox"/> | SIGNATURE | DATE (MM/DD/YYYY) |

DELIVERY METHOD – PART 2 Choose one only

- Mail to the address above
 I will pick up my request (photo ID required)
 Mail to the address below (regular mail)

PROCESSING INSTRUCTION - PART 3 Choose one only

- Issue transcript(s) immediately
 HOLD for End of Term Grades (Current term only)
 HOLD for Degree (application for graduation required)

MAILING ADDRESS - PART 4 Complete all sections to prevent any delays

| | | | |
|--------------------------|---------|-------------|---------|
| _____ X \$12 per copy | TO | | |
| | ADDRESS | | |
| | | | |
| | CITY | POSTAL CODE | COUNTRY |
| _____ X \$12 per copy | TO | | |
| | ADDRESS | | |
| | | | |
| | CITY | POSTAL CODE | COUNTRY |

PAYMENT METHOD - PART 5 Payment must be submitted at the time of the request. Complete all fields.

| | |
|---|-------------------------|
| <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX | Total Charges \$ |
| CREDIT CARD NUMBER | EXPIRY DATE |
| CARD HOLDER NAME | PHONE NUMBER |
| SIGNATURE OF CARD HOLDER | |