

Open Learning and Educational Support Request for Official Transcripts

Date: _____

- Please process my request now
- Please process my request at the end of the semester
- 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

There is no charge for transcripts being directed to the University of Guelph Admissions Services at this time.
Please allow 3 to 5 business days for processing

**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 International

To Fax:

- \$5.00 (within Canada) or
- \$10.00 (International)

***Payment Options**

Cheque **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): _____

**Please make cheques payable to the University of Guelph
*Prices subject to change**

Payment information will be destroyed upon successful payment process.