



Date Received
Office Use Only

TRANSCRIPT REQUEST FORM

THE REGISTRAR'S OFFICE

222 ST. PATRICK STREET, TORONTO, ON, M5T 1V4

REGOFFICE@MICHENER.CA · 416 596-3117 / 1-800-387-9066

PLEASE PROVIDE YOUR STUDENT ID _____

I DO NOT KNOW MY STUDENT ID

STEP 1: CONTACT INFORMATION

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth / / (mm/dd/yyyy) Ph #: [] Day [] Evening [] Mobile Email: [] Home [] Work

Address: [] Home [] Work, Please provide business name: _____ Other

Street Address: _____ City: _____

Prov./State: _____ Postal Code: _____ Country: _____

STEP 2: TRANSCRIPT REQUEST OPTIONS Note: Transcripts include the detail of ALL programs and courses attended at Michener.

A. Number of Transcript copies required:

B. Select a delivery option below:

i.) Email Delivery Option: Email address: _____

Note: Email Delivery is ONLY available for delivery to a regulatory body and/or institution. Transcript copy fee is applicable, no delivery fee.

ii.) Mail Delivery Option: Same address as above

[] Regular Mail No additional charge. Sent by Canada Post. No tracking is available through this option [] Courier (Recommended) Mailing Fees apply** \$10 in Canada | \$25 in US | \$50 International Tracking available upon request. No PO Boxes [] Pick-Up Available only during the Registrar's Office business hours

Attention To: _____ Business/Department: _____

Street Address: _____ City: _____

Prov./State: _____ Postal Code: _____ Country: _____

C. Hold for Final Grades: [] N [] Y If Yes, Transcript request will not be printed until the final grades are available

D. PROGRAM NAME: _____ Year: _____ Term: _____

STEP 3: PAYMENT

TRANSCRIPT FEES: \$12 PER COPY PLUS ANY ADDITIONAL MAILING FEES** TOTAL AMOUNT \$

Credit Card [] Visa [] MasterCard [] AMEX [] Debit Note: This method can be done in-person ONLY at the Registrar's Office [] Cash Note: This method can be done in-person ONLY at the Registrar's Office

Credit Card #: _____ Exp. Date: ____ / ____

Name on Card: _____ Signature: _____ Please Print Clearly

STEP 4: AUTHORIZATION AND DECLARATION

I certify that the information contained herein and in the supporting documents is true, correct, and complete.

Signature: _____ Date: _____

NOTE: 1. The Registrar's Office cannot release high school documents and other records on file; they must be obtained from the issuing institution. 2. Official transcripts must be sent directly to another institution. 3. Transcripts will not be released to students who have financial holds on their records. The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.

OFFICE USE ONLY PROCESSED BY: _____ DATE: _____