

Transcript Request Form – Mount Allison University

Registrar's Office 62 York St., Sackville, NB E4L 1E2 CANADA
 Phone: (506) 364-2269 Fax: (506) 364-2272 Email: regoffice@mta.ca

Last Name	First /Preferred Name	Middle Name	Former Last Name (if applicable)
Phone Number ()	Student ID #	Years of Attendance/ Graduation	E-mail Address

Please complete a separate form for each mailing address.

1. Transcripts will not be issued until all past due financial obligations to the university have been cleared.
2. Transcripts are issued only upon the written request of the student. Third party requests will not be accepted.
3. The \$10.00 transcript processing fee must be submitted with the request. Requests can be submitted via mail, fax, e-mail, or in-process a transcript order for

prospective grads)

Delivery Method: Pick up Courier to address & phone number below
 Mail to address below Fax to number : _____

Credit Card Information (VISA or MasterCard only):
 Name on Card _____ Credit Card # _____
 Expiry Date _____ CVV Number (back of card) _____

Student Signature (required) _____ Date _____