



CANADIAN  
UNIVERSITY  
COLLEGE

5415 College Ave  
Lacombe AB T4L 2E5  
Phone: 403/782-3381  
ext. 4026  
Fax: 866/931-2656  
Email: Registrar@cauc.ca  
Website: www.cauc.ca

**Please Note:** There is a minimum processing time of 5 working days. During peak periods (Jan., April, May, Aug., Sept.) allow 12 working days. Rush service may be available at any time at an additional cost but is not guaranteed. Transcripts will not be released until financial obligations to the university college have been met. Please check with Student Finance to make sure your account is in good standing before submitting a transcript request.

**Transcript Type:**     Canadian University College transcript     Union College transcript

**Student Information**

Last Name		Former Name	
First Name		Middle Name	
CUC ID Number		Last Year at CUC	
Date of Birth		Phone Number	
Email Address			
Street/Box Address			
Town/City		Province/State	
Postal/Zip Code		Country	

**Transcript Destination**

Institution/Organization		
<input type="checkbox"/> Issue to Student		
Street/Box Address (if sending by FedEx, this <b>must</b> be a street address)		
Town/City		Province/State
Postal/Zip Code	Country	Number of copies to be sent to this address

**Service Requested - Check all that apply**

- Regular Service (\$7 per transcript)
- Rush Service (If available, \$15 per transcript (instead of \$7))
- Courier (cost varies by location, \$25-125) Destination phone # required (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Hold:       For final current term grade release       For graduation notation (4-6 weeks after grad)
- Fax (unofficial copy only) cost of \$1.00 per page Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
- Email (unofficial copy only) Email address \_\_\_\_\_

Additional Information:

**Payment Method**

- CUC/UC Graduate: No Charge for regular service
  - Cash or Cheque
  - Credit Card (For greater confidentiality, call Registrar Services with this information)
- Credit Card No: \_\_\_\_\_ Card Type:  Visa     MasterCard    Expiry Date: \_\_\_\_\_  
 Cardholder's Name: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

**Release**

I authorize Registrar Services to release my transcript to the institution/organization indicated.

\_\_\_\_\_  
Release Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received in Office _____	Date Taken to SFO _____ SFO Initials _____
<input type="checkbox"/> CUC Transcript	Financial Release _____ Date _____
<input type="checkbox"/> UC Transcript (UC ID _____ Record # _____)	Transcript Release Initials _____ Date _____
Comments <input type="checkbox"/> XRD <input type="checkbox"/> Poise <input type="checkbox"/> Oracle <input type="checkbox"/> Other	Transcript Sent <input type="checkbox"/> Mail/FedEx    Date _____
Applicable Fees _____ Date _____	<input type="checkbox"/> Fax    Date _____
Paid by <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Cheque	<input type="checkbox"/> Email    Date _____
	<input type="checkbox"/> Fax to UC    Date _____

CANADIAN UNIVERSITY COLLEGE  
**Transcript Request Form**