

Office of the Registrar

100 College Drive, PO Box 5002, North Bay ON P1B 8L7

Phone: (705) 474-3461, extension 4514 Fax: (705) 495-1772

Email: transcripts@nipissingu.ca

Request for Official Transcript

PLEASE PRINT CLEARLY

<p style="background-color: yellow; text-align: center; margin-bottom: 10px;">PLEASE READ THIS PRIOR TO PLACING YOUR REQUEST</p> <ul style="list-style-type: none"> The cost of each transcript is \$15. This includes the cost of regular postal mail and HST. Additional expedited courier fees are listed below. Payment is required prior to request being processed. All transcript requests, including duplicate requests, are not refundable. Requests will be processed within 2 to 3 working days. However, during busy periods such as registration time, end of term, and convocation, it may take as long as 5 to 6 working days depending on volume of requests received. The university is not responsible for transcripts lost or delayed in the mail. Outstanding fees will prevent release of transcript. <p style="background-color: yellow; margin-bottom: 5px;">Additional U 1 :</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><u>Courier Charges</u></td> <td style="width: 50%; border: none;"><u>Fax/Email Charges</u></td> </tr> <tr> <td style="border: none;">\$8 to Ontario</td> <td style="border: none;">\$4 per fax/email</td> </tr> <tr> <td style="border: none;">\$20 to other Canadian Provinces</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">\$30 anywhere in the United States</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">\$50 to all other countries</td> <td style="border: none;"></td> </tr> </table>	<u>Courier Charges</u>	<u>Fax/Email Charges</u>	\$8 to Ontario	\$4 per fax/email	\$20 to other Canadian Provinces		\$30 anywhere in the United States		\$50 to all other countries		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #d3d3d3; text-align: center;">Student Information</th> </tr> <tr> <td style="width: 50%;">Student ID: _____</td> <td style="width: 50%;">Birthdate: _____ / _____ / _____ <small>(Not mandatory if date of birth provided) Month Day Year</small></td> </tr> <tr> <td colspan="2">Last Name: _____</td> </tr> <tr> <td colspan="2">First Name: _____ Middle Name: _____</td> </tr> <tr> <td colspan="2">Former Name(s) (if applicable): _____</td> </tr> <tr> <td colspan="2">Email: _____</td> </tr> <tr> <td colspan="2">Current Address: _____ _____</td> </tr> <tr> <td colspan="2">Contact Telephone: (_____) _____ - _____</td> </tr> <tr> <td colspan="2">Student Signature: _____</td> </tr> </table>	Student Information		Student ID: _____	Birthdate: _____ / _____ / _____ <small>(Not mandatory if date of birth provided) Month Day Year</small>	Last Name: _____		First Name: _____ Middle Name: _____		Former Name(s) (if applicable): _____		Email: _____		Current Address: _____ _____		Contact Telephone: (_____) _____ - _____		Student Signature: _____	
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1. Transcript to be sent:	<input type="checkbox"/> Immediately	<input type="checkbox"/> After Degree is Conferred	<input type="checkbox"/> After current term grades are in
Quantity _____	Mailing Name and Address Information		Send transcripts by:
	To: _____		<input type="checkbox"/> Regular Mail
	Address: _____ _____		<input type="checkbox"/> Courier <small>(Additional fees apply. Service not available to PO Boxes.)</small>
	Telephone No. (required for courier only) _____		<input type="checkbox"/> Fax/Email <small>(Additional fees apply. Original sent by regular mail)</small>
	Fax /Email to: _____ Fax Number: (_____) _____		<input type="checkbox"/> Pick up <small>(ID required upon pickup)</small>
2. Transcript to be sent:	<input type="checkbox"/> Immediately	<input type="checkbox"/> After Degree is Conferred	<input type="checkbox"/> After current term grades are in
Quantity _____	Mailing Name and Address Information		Send transcripts by:
	To: _____		<input type="checkbox"/> Regular Mail
	Address: _____ _____		<input type="checkbox"/> Courier <small>(Additional fees apply. Service not available to PO Boxes.)</small>
	Telephone No. (required for courier only) _____		<input type="checkbox"/> Fax/Email <small>(Additional fees apply. Original sent by regular mail.)</small>
	Fax/Email to: _____ Fax Number: (_____) _____		<input type="checkbox"/> Pick up <small>(ID required upon pickup)</small>

Please use additional forms for more than two destinations.

Protection of Privacy Information requested from students and applicants is collected under the authority of the Nipissing University Act, 1992. Pursuant to the Freedom of Information and Protection of Privacy Act you are hereby notified that: "By applying for admission to Nipissing University and by registering in programs or courses at the University, you are accepting the University's right to collect pertinent personal information. The information is needed to assess qualifications for entry, establish a record of performance in programs and courses, provide the basis for awards and government funding, and to assist the University in the academic and financial administration of its affairs". Additionally, personal information may be used by University staff in many offices on a "need to know" basis to identify and contact students who require their services. Personal information is also provided to the Nipissing University Student Union in order to enroll students in their Health Care Plan.	
Method of Payment (Payment is required prior to your request being processed.)	For Office Use Only
<input type="checkbox"/> Cash <input type="checkbox"/> Visa or Mastercard (You must include the Credit Card Authorization Form) <input type="checkbox"/> Cheque or Money Order (payable to "Nipissing University") <input type="checkbox"/> Online banking - Use "Pay Bills" option available through your bank. (Confirmation # _____)	Amount Paid \$ _____ Received By: _____ Date sent: _____



Credit Card Authorization

This is to authorize the debit of your credit card for the service(s) specified below (check one).

☐ Degree Audit Letter

☐ Proof of Enrollment

☐ Graduation Application

☐ Request for Official Transcript

☐ Advanced Standing Assessment

Other _____
(specify)

**** Note that additional costs apply if requesting fax and/or courier services. See request for details.**

Student ID:	Student Name:
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Credit Card Information

Check one only:

☐ MasterCard

☐ Visa *

** We cannot accept Visa debit cards remotely*

Amount for Service(s): \$ _____

Name of Cardholder (please print)

Cardholder's Signature

Credit Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Credit Card Expiry Date:

M	M	Y	Y

PLEASE NOTE:

In order to process your credit card payment, this form MUST accompany the requested service form (ie. Proof of Enrollment, Request for Official Transcript, etc.)

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