

**TRANSCRIPT REQUEST
FORM**

PLEASE PRINT

STUDENT INFORMATION		PLEASE NOTE
Student Number		<p>This form is intended for students who <u>do not</u> have access to Mosaic.</p> <p>Current students and recent graduates can request transcripts online by visiting mosaic.mcmaster.ca</p> <p>Please see over for additional notes.</p>
Student's Name		
Former Surname (if applicable)		
Date of Birth	Date of Request	
Faculty	Program of Study	
Number of transcripts requested (max. of five per form)		
TRANSCRIPT TO BE: <input type="checkbox"/> Mailed to address below (Canada Post) <input type="checkbox"/> Couriered- FedEx (payment required and must be included) <input type="checkbox"/> Picked up (must be by student or on written authorization) <input type="checkbox"/> Sealed envelope required		<input type="checkbox"/> Faxed (\$5 payment required per FAX number) FAX No. _____
Student's Signature (REQUIRED)		Date
Telephone number		Email address
SEND TRANSCRIPT TO		
Person/Department (Attention)		
Institution		
Street Address		
City	Province	Postal Code

SEE OVER 

Please read the following information before completing the Transcript Request form:

- This form is only for students who **do not** have access to Mosaic.
- Current and recent graduates must request transcripts online through Mosaic (mosaic.mcmaster.ca).
- A **maximum of five transcripts** may be ordered per form.
- Use a separate Transcript Request form for each mailing address.
- Transcripts will be withheld due to outstanding accounts. Students are responsible for ensuring their accounts are clear.
- Student records are confidential and transcripts are issued and released only on the signed, written request of the student.
- The requestor is responsible for any delivery charges in excess of regular first class mail; for example, courier service, fax, etc. Payments can be made by credit card (details below), or in person by credit or debit.

If pick-up is requested, transcripts not picked-up after sixty days will be confidentially destroyed.

Graduate Schools, professional schools or another post-secondary academic programs, normally require official transcripts be sent directly from McMaster. Please verify their policy on receiving transcripts and ensure you have provided the full and correct mailing address.

Credit Card Payment Information (Fax and Courier charges)

Name as it appears on credit card	Credit Card (select one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
Card Number	Credit Card Expiry Date
Signature	Date
REGISTRAR'S OFFICE USE ONLY	
Payment Amount: _____	
Receipt No.: _____	
Processed: _____	
<p>FIPPA notice The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected under section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall Room 209, McMaster University.</p>	