

Request for Official Transcript

PLEASE PRINT CLEARLY

<p>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. Additional expedited delivery fees are listed below. Payment is required prior to request being processed. All transcript requests, including duplicate requests, are not refundable. Transcript requests are typically completed in 2-6 business days. During the campus closure due to COVID-19, transcript requests can take up to 2 weeks. The university is not responsible for transcripts lost or delayed in the mail. Outstanding fees will prevent release of transcript. Optional Additional Fees: <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:50%;"><u>Courier Charges</u></td> <td style="width:50%;"><u>Fax/Email Charges</u></td> </tr> <tr> <td>\$8 to Ontario</td> <td>\$4 per fax/email</td> </tr> <tr> <td>\$20 to other Canadian Provinces</td> <td>(Original is mailed if address provided)</td> </tr> <tr> <td>\$30 anywhere in the United States</td> <td></td> </tr> <tr> <td>\$50 to all other countries</td> <td></td> </tr> </table> 	<u>Courier Charges</u>	<u>Fax/Email Charges</u>	\$8 to Ontario	\$4 per fax/email	\$20 to other Canadian Provinces	(Original is mailed if address provided)	\$30 anywhere in the United States		\$50 to all other countries		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Student Information</th> </tr> </thead> <tbody> <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> </tbody> </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 also sent by regular mail.)</small>
	Fax or Email To: _____		
	Fax Number: (_____) _____		
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
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	Fax or Email To : _____		
	Fax Number: (_____) _____		

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.

Payment Information (Payment is required prior to your request being processed.)	For Office Use Only
During the campus closure due to COVID-19, we can only accept payment by Online Banking. Use "Pay Bills" option available through your bank. The account number is your 7-digit student number. If you do not have this, please contact transcripts@nipissingu.ca Online Banking Payment Confirmation #: _____	Amount Paid \$ _____ Received By: _____ Date sent: _____