UNIVERSITY OF WATERLOO

OFFICE OF THE REGISTRAR
Waterloo, Ontario, Canada N2L 3G1
fax 519-746-2882 | email transcripts@uwaterloo.ca | www.registrar.uwaterloo.ca

Undergraduate Transcript Request

Please Note:

- **Cost of each transcript is $10.00 (HST included).** If transcripts are to be sent by courier or fax, **include additional mailing charges in addition to the cost of each transcript fee** (see below).

  Courier Charges
  $10 if in Ontario
  $20 if in other Canadian provinces
  $25 anywhere in the United States
  $35 International (anywhere outside Canada and the United States)

  Note: PO Boxes are not permitted for courier service.

  Fax Charges
  $5 if in Canada
  $10 if outside of Canada
- Regular Mail (no additional charges).
- **Transcripts require 1 week to process following receipt of completed form and payment.**
- Incomplete information may delay or prevent the processing of this request.
- Transcripts for pickup are held at the Registrar's office for up to one term.
- Duplicate requests are not refundable.
- Outstanding fees will prevent release of transcript.
- No address required when ordering transcripts for pickup.

Section A: Student Information

uWaterloo student ID Number _____

Last Name (while attending) _____

First Name _____

Middle Name _____

Date of Birth _____/_____/_____
DD MM YYYY

Email _____

Faculty _____

Telephone Number _____- _____ - _____

Student Signature _____

Date _____

Transcript required (select one)

☐ Undergraduate transcript
☐ After fall term final marks (January)
☐ After winter term final marks (May)
☐ After spring term final marks (September)
☐ After Convocation O Spring O Fall

Section B: Sending Information

Quantity _____ **Use additional forms for more than one destination.**

Name and Address Information (no address required for pickup)

_____

_____

_____

Telephone_____ Fax _____
Include area code Include area code

See above for additional mailing charges.

☐ **For Pickup** (available in 1 week after 1:00pm)

☐ **Regular Mail**

☐ **Courier** (phone number required)

☐ **Fax** (original sent by regular mail)

Section C: Method of Payment

Total Amount $ _____

Name on Credit Card _____

Credit Card Expiry Date Month_____ Year_____

Credit Card Number

Cardholder Signature _____

Reset

For Office Use Only

Amount $_____

Received By _____

Date Received _____

☐ Cash
☐ Cheque
☐ Debit
☐ WatCard