

## **Official Transcript Request Form**

Personal Information:					
Last Name:			Pr	eferred First Name:	:
(inclu	ide former)		(ir	nternal use only)	
_	First and		Da	ate of Birth:	
	e Name:		_		
(if kn	ent Number:		Pi	none Number:	
	ner Email:				
<ul> <li>Transcripts will not be issued until all financial obligations to the University have been cleared.</li> <li>Academic records are confidential; transcripts are issued only upon receipt of this request form bearing the learner's original signature. Official transcripts are legal documents and will include the learner's legal name.</li> <li>Completed transcript request forms can be submitted by email: registrar@stfx.ca</li> <li>Official transcripts can be sent electronically through MyCreds™ to the learner email address indicated above. Within MyCreds™ the learner has permission to share the transcript with the intended recipient.</li> <li>Requests should only be submitted after all grades are entered.</li> </ul>					
Transcript Order:					
	Number of Transcr	ipts Require	d - \$10.00 each		
	Check if you have NS license upgrade		pleted the Master of Education of	course requirements and	d will be applying for a
Proce	essing Options –	Please se	ect one		
	Regular Processing	g: 3-5 busine	ess days from date received		
	Same Day Process	sing: Same b	usiness day if received by 10am	. Additional fee of \$15.0	00 per transcript
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