

# Transcript Request Form – Mount Allison University

Registrar's Office 62 York St., Sackville, NB E4L 1E2 CANADA  
 Phone: (506) 364-2269 Fax: (506) 364-2272 Email: [regoffice@mta.ca](mailto:regoffice@mta.ca)

Last Name	First /Preferred Name	Middle Name	Former Last Name (if applicable)
Phone Number ( )	Student ID #	Years of Attendance/ Graduation	E-mail Address

Please complete a separate form for each mailing address.

1. Transcripts will not be issued until all past due financial obligations to the university have been cleared.
2. Transcripts are issued only upon the written request of the student. Third party requests will not be accepted.
3. The \$10.00 transcript processing fee must be submitted with the request. Requests can be submitted via mail, fax, e-mail, or in-process a transcript order for

prospective grads )

Delivery Method:  Pick up  Courier to address & phone number below  
 Mail to address below  Fax to number : \_\_\_\_\_

Credit Card Information (VISA or MasterCard only):  
 Name on Card \_\_\_\_\_ Credit Card # \_\_\_\_\_  
 Expiry Date \_\_\_\_\_ CVV Number (back of card) \_\_\_\_\_

Student Signature (required) \_\_\_\_\_ Date \_\_\_\_\_