

**ADLER UNIVERSITY, VANCOUVER CAMPUS**  
OFFICE OF THE REGISTRAR  
520 SEYMOUR STREET • VANCOUVER, BC V6B 3J5  
PHONE: (236) 521-2500 • FAX: (236) 521-2400  
• EMAIL: [vanregistrar@adler.edu](mailto:vanregistrar@adler.edu)

**TRANSCRIPT REQUEST FORM**

**IMPORTANT:** Complete this form in its entirety. *Please print legibly. Incomplete and illegible forms will be returned. With the exception of requests for practicum and internship purposes, your transcript will not be issued if you have an outstanding balance.*

**SECTION I: PERSONAL INFORMATION**

LAST NAME:	FIRST NAME:	D.O.B.	/	/
FORMER LAST NAME:	STUDENT ID:			
LAST TERM ENROLLED:	GRADUATION YEAR:			
HOME ADDRESS:			CITY:	
PROVINCE/STATE:	POSTAL/ZIP CODE:	PHONE:		
EMAIL:				
IS THIS NEW ADDRESS INFORMATION:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

**SECTION II: SPECIFY THE QUANTITY REQUESTED (PROCESSING TIME IS TEN BUSINESS DAYS)**

**TOTAL TRANSCRIPTS REQUESTED: \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_ (\$10 PER OFFICIAL TRANSCRIPT)**

**SECTION III: SPECIAL INSTRUCTIONS – PLEASE CHECK AT LEAST ONE**

- Send transcripts after grades are posted. Term: \_\_\_\_\_
- Send transcripts after degree is posted. List degree: \_\_\_\_\_
- Send now; do not hold for grade or degree posting.

**SECTION IV: DELIVERY - PLEASE CHECK AT LEAST ONE**

- Pick up from Vancouver Campus (2nd Floor) when transcripts are ready.
- Send transcripts *Next-Day Delivery* to the address below. **ADD \$30.00 for each address within Canada.** Contact our office for international rates outside of Canada. If choosing Next-Day Deliver, please provide the recipient's phone number.
- Mail transcripts to the address listed below.

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province/State, Postal/Zip, Country: \_\_\_\_\_

**SECTION V: NOTIFICATION INFORMATION**

- E-mail or call me when transcripts are ready. E-mail or Phone: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*If returning request by mail, please send to the address at the top of the form.*

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_  
Holds: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_



## Credit Card Payment Authorization

Date: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

**I hereby provide/authorize payment in the amount of:**  
*(If amount is left blank, form will not be processed)*

\$ \_\_\_\_\_ . \_\_\_\_\_

Visa  Master Card  Amex

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code (CVV): \_\_\_\_\_  
*(month) (year)*

Card Billing Street Address and Zip \_\_\_\_\_

*(Example: 12345 Any Street, 60601 – This is the address associated with the card, not the student)*

Signature: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

*(Please print name exactly as it appears on card)*

\*Please ensure that this form is completed in full. Missing/incorrect information may result in processing delays. Payment is considered "received" only once a fully completed form has been processed. This payment form is **NOT FOR TUITION PAYMENTS**. Tuition payments received by this form will not be accepted and student accounts will be considered late.

### Please check one:

- PsyD Deposit Start Term: \_\_\_\_\_  Transfer Credit Fee
- MA Deposit Start Term: \_\_\_\_\_  Application Fee
- Other: \_\_\_\_\_  Transcript Fee

Received by (staff/work study name): \_\_\_\_\_