

Registrar's Office 1407 14 Avenue NW Calgary, AB T2N 4R3, Canada

Submit completed form to registrar@auarts.ca

Request for Transcript of Record

Personal Information					
Last name:	Middle name(s):	First or Chosen name:			
Previous name(s) if applicable:	Date of birth:	AUArts ID#:			
Indicate years of attendance and pr	ogram attended:	Did you complete a minor?			
Email address (must be sent via AU	Arts email if current student):	Phone:			
_					
Processing Instructions					
Number of copies: \Box 1 \Box 2	□ 3				
\square Regular (3 to 5 business days - r	o charge)				
☐ RUSH (Transcripts will be process	ssed the business day followin	ng receipt of payment – charge of \$59.34 per copy applies)			
☐ Hold for Final Grades (select one): ☐ Fall Term ☐ Winter Term ☐ Spring Term					
☐ After Credential Awarded (please allow up to 5 business days after Convocation)					
official transcripts to personal or st	s below (Email copy must be s udent accounts.)	sent to the same institution as the mailing address. We do not email ranscripts to personal or student accounts.)			
Name or Institution:					
Address:		City:			
Province:	Postal Code:	Country			
Email Address:					
The official transcript bears the studen	t's legal name. By signing below,	I hereby authorize AUArts to release my official transcript.			
Student Signature:		Date:			

Ready to request your official transcripts? Submit your completed form to: Registrar@auarts.ca

Note: AUArts will not be held responsible for meeting deadlines of other institutions.

Office Use Only			
Date received by Registrar's Office:	Charge added to student account		Payment received on student account:
Transcript Issue Date:		SAA:	

Registrar's Office || Issue Date: July 2024