



Transcript Request Form

Please mail or fax the completed form to:
Yorkville University.
1149 Smythe Street,
Fredericton, NB, Canada E3B 3H4
Fax: (506) 454-1221

Student Name:	Student #:
Phone #:	
Program Name:	

___ Send a transcript to my address on file.

___ Send a transcript to each of the following institutions (specify addresses):

- 1) _____

- 2) _____

- 3) _____

Transcripts are \$25 each:

___ I am including a cheque or money order

___ Charge my Amex / Mastercard / Visa account # _____ Expiry: ___/___
(mm/yy)

Signed:

Date (yyyy/mm/dd):
_____/_____/_____

Yorkville University will acknowledge receipt of this request using the email address that we have on file.

For Office Use:

Date Received:	Acknowledgement Date:	Official:
Comments:		