

# Unofficial Transcript Request Form

Please fill out in full. Complete information is required to proceed with your request.

**(LIMIT TO ONE COPY ONLY)**

*(Please print)*

Student ID# : \_\_\_\_\_

Birth date /\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
M D Y

Name (Family): \_\_\_\_\_

(Given): \_\_\_\_\_

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

Postal/Zip Code : \_\_\_\_\_ Telephone : ( \_\_\_\_ ) \_\_\_\_\_ Home / Bus. / Cell  
(Circle one)

Please indicate if this is your new address

E-mail: \_\_\_\_\_

Last term at Regent: \_\_\_\_\_

Degree obtained: \_\_\_\_\_

Signature : \_\_\_\_\_ (required) Date: \_\_\_\_\_

***Please check one:***

Pick up at Student Services main desk     Mail to above address     Mail to address below

5800 University Blvd  
Vancouver, BC  
Canada V6T 2E4  
Tel: (604) 224-3245  
Fax: (604) 224-3097  
Toll Free: 1-800-663-8664

