

TRANSCRIPT APPLICATION

Conditions of Transcript Release

The express written consent of the student is required to release the transcript. Transcripts will not be issued to or at the request of third parties without written authorization of the student.

ONLY COURSES AFTER JANUARY 2003 WILL APPEAR ON THE TRANSCRIPT. For courses completed prior to January 2003, use the application form for Grade Reports. This form can be found on our website at http://learn.utoronto.ca/registration/forms.htm

SCS academic records are only retained for a period of SEVEN ACADEMIC YEARS.

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Students are responsible for ensuring that requ	ests are submitted	well in advance of (third party) deadline dates.
Transcripts will be processed within a period of $5-10$ business days from receipt of the request.		
Transcript Fee \$10.00 + GST 5% + PST 8% each. Fees are non-	-refundable and mu	st be submitted with this form at the time of application.
Type of Transcript Official Student Copy Qty	Official Copy	in Sealed Envelope* Qty
*This copy can be forwarded directly by SCS to with this application form. The transcript(s) wil		. The student must provide the institution address(es) together udent Services.
PERSONAL DETAILS (Please Print)		
Surname		Given Name
SCS Student Number		Daytime Telephone Number
Email Address		
STUDENT MAILING ADDRESS (Please at Number, Street	tach a separate sh	eet with institution addresses if applicable.)
City Province		Postal Code
TRANSCRIPT FEE PAYMENT \$10.00 + GST 5% + PST 8% each This fee is	s non-refundable a	nd non-transferable.
PAYMENT: FULL PAYMENT MUST ACCOMPANY TH		
Mastercard VISA CAMERICAN EXPLASES.	☐ Certified	Payment (e.g. certified cheque or money order)
Credit Card Number	Expiry Date	Name on Card
Signature of Cardholder		Date
Complete form and mail to:		Or fax to:
Student Services Transcript Services		416-978-6666
University of Toronto School of Continuing Studies		
158 St. George Street Toronto, Ontario M5S 2V8		
Student's Signature		Date:
Student's Signature		Date: