



UNIVERSITY OF TORONTO
SCHOOL OF CONTINUING STUDIES

Transcript Order Form

CONDITIONS TO RELEASE TRANSCRIPT

- The express written consent of the learner is required to release the transcript. Transcripts will not be issued to or at the request of third parties without the learner's written authorization.
- **Only courses completed after 2003 will appear on the transcript.** For courses completed prior to January 2003, contact SCS at learn@utoronto.ca for further assistance.
- Learners are responsible for ensuring that requests are submitted well in advance of (third party) deadline dates. There is no guarantee that requests for express service due to missed or pressing deadlines will be processed, and if approved, may be subject to additional fees.

TRANSCRIPT SERVICE DETAILS

Fee:

\$10 + HST per transcript copy

Fees are non-refundable and must be submitted with this form at the time of application.

Processing Time:

10 business days

PERSONAL DETAILS

SCS Student Number

(begins with X, followed by 6 digits. You can find your student number on your enrolment confirmation, or in your online account (My Access).

(Given) First Name

(Family) Surname

Daytime Phone Number

Email

Street Address/P.O. Box Number

City

Province/State

Postal Code/Zip Code

QUANTITY REQUESTED

Personal Copy:

Official Copy in Sealed Envelope:

Transcripts can be mailed directly to another institution. Below is an opportunity to supply three institutional mailing addresses. If more are required, please enclose a listing of all additional addresses. Remember to include a reference number for each institution.

Mailing Address 1

Name of Institution

Street Address

City

Province/State

Postal Code/Zip Code

Institution Reference Number

Mailing Address 2

Name of Institution

Street Address/P.O. Box Number

City

Province/State

Postal Code/Zip Code

Institution Reference Number

Mailing Address 3

Name of Institution

Street Address/P.O. Box Number

City

Province/State

Postal Code/Zip Code

Institution Reference Number

PAYMENT DETAILS

Payment Type

Credit Card Number

Expiry Date

Name on Card

Signature of Cardholder

Date

TOTAL Submitted:

quantity X \$10.00 + HST =

INSTRUCTIONS FOR SUBMISSION

Complete this form and submit by:

Fax: 416-978-6666

Mail: Transcript Order Form
University of Toronto
School of Continuing Studies
158 St. George Street
Toronto, ON M5S 2V8

In-person: 158 St. George Street
Front Reception
(located just south of Bloor Street West on St. George Street)