OFFICIAL TRANSCRIPT REQUEST

Complete the form and submit to any Office of the Registrar

Fees:

Transcript - \$10

Additional Fees:

Rush - \$15

Courier - Canada \$25, USA \$30, International \$35

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Supplemental Document Fee* - \$15



Office of the Registrar

Transcript Contact: 1.888.823.8734

Email: transcripts@ufv.ca

P	UFV student number 3 0 0 0 8 7 5 8 5	Student's full legal name erin megan lefebvre
R	Birthdate	Former surname (if applicable)
0	1y 9 9 y1 s e p 0 5	jenstad
N A L	Daytime telephone number 6047685302	erinmegan91@gmail.com
TRANSCRIPT	Choose one: Regular processing within 3 business of Rush - in-person only same day service (add Hold for completion of: Fall Winter Choose one: Pick up in: Abbotsford Chilliwa Mail to name and address below Courier to name and address below Recipient and Address Information Issue to: ATTN: Admissions Street Line 1: Malone University Street Line 2: 2600 Cleveland Ave NW City or Town: Canton, OH Recipient Phone # (if courier option selections)	er Summer Graduation ck additional fees listed above) Postal Code or Zip Code: 44709
	Please be aware UFV will not	be responsible for meeting deadlines or ensuring deliveries.
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	in arrears. Photo ID is required for all transcript pick upick up requires authorization on this form proxy. The third party must present photo	to pick up my transcript (s). or a letter of
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	t records are confidential and are not released without the wr ssued to the recipient specified.	itten consent of the student, unless otherwise required by law. Your signature on this form allows the official transcr
REED	Act [(RSBC 1996) chapter 126] and the University Act. This	tion on this form is collected under the authority of British Columbia's Freedom of Information and Protection of information is used only for the administration of academic programs and providing educational and related support this information, contact the Enrolment Services Coordinator at 604-854-4501 or reginfo@ufv.ca

Cardholder's signature

Erin Lefebvre

Expiry date

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