

**REQUEST FOR DOCUMENTS**

Document requests are subject to administrative fees. See [uOttawa.ca/university-fees](http://uOttawa.ca/university-fees) (Administrative fees section) for the list of document fees. The University of Ottawa does not accept official document requests by email.

STUDENT NO.	LAST NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH YEAR MONTH DAY	PREVIOUS LAST NAME(S) (IF APPLICABLE)	E-MAIL	
AREA CODE AND TEL. NO. (REQUIRED)		CELL	
HOME			

DOCUMENTS*	DETAILS	QUANTITY	ADMIN. FEES
<input type="checkbox"/> OFFICIAL ENROLLMENT VERIFICATION / DEGREE GRANTED (PROOF OF STUDIES)	<input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH		
<input type="checkbox"/> STATEMENT OF DEGREE REQUIREMENTS COMPLETED (GRADUATE STUDIES ONLY)	<input type="checkbox"/> FRENCH TITLE OF DEGREE <input type="checkbox"/> ENGLISH	YEAR OBTAINED	
<input type="checkbox"/> DUPLICATE DIPLOMA	TITLE OF DEGREE SIZE <input type="checkbox"/> REGULAR (10 1/2" X 8 1/2") <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> LARGE (17" X 14") <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH	YEAR OBTAINED	
<input type="checkbox"/> OFFICIAL TRANSCRIPT <small>(NOTE: ALL OF YOUR TERMS ARE INCLUDED ON YOUR TRANSCRIPT)</small>	<input type="checkbox"/> FRENCH COURSE TITLES APPEAR IN THE LANGUAGE THE COURSE WAS GIVEN. THE UNIVERSITY DOES NOT TRANSLATE TRANSCRIPTS. <input type="checkbox"/> ENGLISH DID YOU BEGIN YOUR STUDIES AT THE UNIVERSITY OF OTTAWA PRIOR TO 1974? ..... <input type="checkbox"/> NO <input type="checkbox"/> YES INDICATE WHEN YOU WISH YOUR TRANSCRIPT ISSUED (THERE IS A DELAY BEFORE THE OFFICIAL RESULTS OF AN ACADEMIC TERM APPEAR ON YOUR TRANSCRIPT). <input type="checkbox"/> WHEN THE RESULTS OF THE CURRENT TERM (INCLUDING MY ACADEMIC STANDING) ARE AVAILABLE ..... <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> NOW (EVEN IF SOME RESULTS ARE MISSING) <input type="checkbox"/> WHEN I HAVE RECEIVED MY DEGREE	YEAR	
<input type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DELIVERY METHOD	<input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> EXPRESS DELIVERY - ADDITIONAL FEES APPLY. Please include all recipient addresses on page 2 of this form.		
			<b>TOTAL</b>

\* TO OBTAIN A NEW STUDENT CARD YOU MUST GO TO INFOSERVICE (75 LAURIER AVENUE EAST).

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE (STUDENT) \_\_\_\_\_

**Notice of Collection of Personal Information**

Your personal information is collected under the authority of the *University of Ottawa Act*, 1965, in accordance with the *Freedom of Information and Protection of Privacy Act* of Ontario and University Policy 90. The personal information you provide on this form will be used by the University for purposes consistent with the administration of University programs and activities, and the provision of services and performance of functions including recruitment, admission, enrolment, academic programs, evaluations, official document requests, financial aid and awards, assisting student associations and graduation. If you have questions about the collection, use and disclosure of your personal information, please contact InfoService at 613-562-5630 or [infoservice@uOttawa.ca](mailto:infoservice@uOttawa.ca).

<b>METHOD OF PAYMENT</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CHEQUE PAYABLE TO "UNIVERSITY OF OTTAWA" ENCLOSED
Debit and prepaid credit cards not accepted.	CARD NUMBER _____ EXPIRY DATE _____ MONTH YEAR _____ SIGNATURE (CARD HOLDER) _____

**RECIPIENT(S) NAMES AND ADDRESSES**

(YOU MAY PROVIDE NAMES AND ADDRESSES FOR MORE THAN ONE RECIPIENT)

**RECIPIENT 1**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_

**NOTE :** \_\_\_\_\_  
\_\_\_\_\_

WOULD YOU LIKE EXPRESS DELIVERY? ADDITIONAL FEES APPLY.

**RECIPIENT 2**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_

**NOTE :** \_\_\_\_\_  
\_\_\_\_\_

WOULD YOU LIKE EXPRESS DELIVERY? ADDITIONAL FEES APPLY.

**RECIPIENT 3**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_

**NOTE :** \_\_\_\_\_  
\_\_\_\_\_

WOULD YOU LIKE EXPRESS DELIVERY? ADDITIONAL FEES APPLY.

**RECIPIENT 4**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
POSTAL CODE \_\_\_\_\_

**NOTE :** \_\_\_\_\_  
\_\_\_\_\_

WOULD YOU LIKE EXPRESS DELIVERY? ADDITIONAL FEES APPLY.