

REQUEST FOR DOCUMENTS

Document requests are subject to administrative fees. See uOttawa.ca/university-fees (**Administrative fees** section) for the list of document fees.

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

DOCUMENTS*	DETAILS	QUANTITY	ADMIN. FEES
<input type="checkbox"/> STATEMENT OF STUDIES (PROOF OF STUDIES)	<input type="checkbox"/> FRENCH <input type="checkbox"/> ENGLISH		
<input type="checkbox"/> STATEMENT OF DEGREE CONFERRED	<input type="checkbox"/> FRENCH TITLE OF DEGREE <input type="checkbox"/> ENGLISH YEAR OBTAINED		
<input type="checkbox"/> DUPLICATE DIPLOMA	TITLE OF DEGREE YEAR OBTAINED SIZE QUANTITY QUANTITY <input type="checkbox"/> REGULAR (10 1/2" X 8 1/2") <input type="checkbox"/> ENGLISH <input type="text"/> <input type="checkbox"/> FRENCH <input type="text"/> <input type="checkbox"/> LARGE (17" X 14") <input type="checkbox"/> ENGLISH <input type="text"/> <input type="checkbox"/> FRENCH <input type="text"/>		
<input type="checkbox"/> OFFICIAL TRANSCRIPT <small>(NOTE: ALL OF YOUR SESSIONS ARE INCLUDED ON YOUR TRANSCRIPT)</small>	DID YOU BEGIN YOUR STUDIES AT THE UNIVERSITY OF OTTAWA PRIOR TO 1974? <input type="checkbox"/> NO <input type="checkbox"/> YES YEAR INDICATE WHEN YOU WISH YOUR TRANSCRIPT ISSUED (THERE IS A DELAY BEFORE THE OFFICIAL RESULTS OF AN ACADEMIC SESSION APPEAR ON YOUR TRANSCRIPT). <input type="checkbox"/> WHEN THE RESULTS OF THE CURRENT SESSION (INCLUDING MY <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> WINTER YEAR <input type="checkbox"/> NOW (EVEN IF SOME RESULTS ARE MISSING) <input type="checkbox"/> WHEN I HAVE RECEIVED MY DEGREE		
<input type="checkbox"/> OTHER (SPECIFY)			
<input type="checkbox"/> DELIVERY METHOD	<input type="checkbox"/> REGULAR MAIL <input type="checkbox"/> EXPRESS DELIVERY Please include all recipient addresses on page 2 of this form.		
* TO OBTAIN A NEW STUDENT CARD YOU MUST GO TO INFOSERVICE (75 LAURIER AVENUE EAST).		TOTAL ▶	

I HAVE READ AND UNDERSTOOD THE INFORMATION BELOW EXPLAINING THAT MY PERSONAL INFORMATION WILL BE PROTECTED AT ALL TIMES IN ACCORDANCE WITH THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT OF ONTARIO AND UNIVERSITY POLICY 90.

_____ 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, registration, 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.

METHOD OF PAYMENT	<input type="checkbox"/> CHEQUE PAYABLE TO "UNIVERSITY OF OTTAWA" ENCLOSED.	
	<input type="checkbox"/> VISA	CARD NO. _____
	<input type="checkbox"/> MasterCard	EXP. _____
		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 : _____

RECIPIENT 2

NAME _____
ADDRESS _____
POSTAL CODE _____

NOTE : _____

RECIPIENT 3

NAME _____
ADDRESS _____
POSTAL CODE _____

NOTE : _____

RECIPIENT 4

NAME _____
ADDRESS _____
POSTAL CODE _____

NOTE : _____
