REQUEST FOR ACADEMIC TRANSCRIPT

MACQUARIE UNIVERSITY

Post or fax all correspondence to:
Fax 61 2 9850 6597
Tel: 61 2 9850 6410

Student Enquiry Service
Lincoln Building C8A
Macquarie University 2109
transcripts@mq.edu.au

Personal Details

Student ID Number | | | | | | | | | Date of Birth | | | | | | |

Given Names _____ Family Name _____

Postal Address _____

Phone No. _____ Email _____

Course Details

Were you enrolled at SKTC, NSTC or IECS prior to 1990? If so, which years _____ Y | N

Type of Processing Required – ALL DEBTS MUST BE PAID BEFORE TRANSCRIPTS WILL BE RELEASED

☐ **Routine Processing**: **Cost**: $16 for 1 copy, $1 per copy thereafter if ordered in the same request.
Requests received by 4.00pm each Tuesday will be processed by the following Friday and be available for collection from the Student Enquiry Service or will be posted. No of Copies: ☐

An academic transcript includes yearly enrolment details, units, results, credit points, course completion and/or conferral of award details for <u>all</u> attempts at Macquarie University.

Signature:_____ Date:_____

To enable the University to fulfil its obligations under the Privacy and Personal Information Protection Act (NSW) 1998, you must submit a specimen of your signature as it appears on a legitimate form of personal identification (eg driver's licence, passport, etc). Your request WILL NOT be processed until you provide this.

Forwarding Instructions

☐ Mail to your postal address (attach a separate page if you require your transcripts to be sent to several destinations)

☐ Tick here if you wish to collect your transcript from the Student Enquiry Service

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Payment Details

Please Note: We are unable to provide a refund if a request is submitted multiple times. All requests received are considered as genuine requests.

Payment can be made by cheque, money order or credit card **(Visa, Mastercard, Bankcard or AMEX only**). Please make cheques and money orders payable to "Macquarie University". For credit card payments, enter your card details below.

Cardholder number | | | | | | | | | | | | | | | | |

Type
MasterCard Visa
BankCard Amex

Expiry Date | | | |

Cardholder Name

Amount $

Signature

Office Use Only Transcript A/C T04/4200 2001 117 $_____ Cheque/Money Order/Cash/Credit Card

Name: Student ID

_____ _____