

Documents Request Form

PLEASE INDICATE:

I will pick up the Document(s) on _____ (MM/DD/YYYY).

Please mail Direct: _____

TYPE OF DOCUMENT REQUIRED (PLEASE CHECK):

- School Letter
- Academic Transcript
- OSSD-(Ontario Secondary School Diploma): Year _____

Only for Transcript Request:

TOTAL NUMBER OF TRANSCRIPTS REQUESTED: _____ X \$25.00 = \$ _____

Express Transcript Requested: _____ x \$40.00 = \$ _____

Total Number OF School Letters: _____ X \$5.00=\$ _____

*NOTE: Transcripts will NOT be produced until payment is received.
Transcript production normally requires 5 to 7 business days.*

I WISH MY TRANSCRIPT(S): Mailed _____ \$ 5 Regular Mail (Canada Only)
_____ \$29 Purolator Mail (Canada Only)
_____ \$105 Fedex Express (International)

Held for pick- up Sealed individually

Total: _____

Payment:

- Cash
- Debit
- Credit (Visa or Mastercard)

Credit card Information:

Name on card: _____

Card Number: _____

Expiration date: _____

ABOUT YOURSELF

Student OEN Number: _____ Telephone: (_____) _____

Last Name: _____ First Name: _____

Address: _____

E-mail: _____

Signature: _____ / I authorize _____ to pick up in person on my behalf.