



DE LA SALLE COLLEGE "OAKLANDS"

DIPLOMA/TRANSCRIPT REQUEST FORM

STUDENT / ALUMS INFORMATION:

| | |
|---|--|
| LAST NAME: | GIVEN NAME: |
| MAIDEN/PREVIOUS NAME: | STUDENT ID# (if known): |
| Is your De La Salle registration under your maiden/previous name: <input type="radio"/> Yes <input type="radio"/> No | DATE OF BIRTH (MM/DD/YYYY): |
| STREET ADDRESS LINE 1: | STREET ADDRESS LINE 2: |
| CITY: STATE/PROVINCE: | COUNTRY: POSTAL CODE: |
| DAYTIME PHONE/CELL PHONE: | E-MAIL: |

If you were a registered student at De La Salle College before September 1994 please contact the Toronto Catholic District School Board Archives office at 416-222-8282 for your transcript or diploma.

REQUEST DOCUMENT: \$10 PER TRANSCRIPT

\$20 PER DIPLOMA

NUMBER OF REQUESTED TRANSCRIPTS: _____

NUMBER OF REQUESTED DIPLOMAS: _____

PICK-UP/DELIVERY OPTIONS:

WARNING: Couriered documents CANNOT be sent to a Post Office Box

- I WANT TO PICK UP MY DOCUMENT AT DE LA SALLE COLLEGE
- I WANT MY DOCUMENT TO BE MAILED OUT BY REGULAR POST
- I WANT MY DOCUMENT TO BE SENT BY COURIER FOR AN ADDITIONAL FEE**
- I WANT MY DOCUMENT FAXED* TO THIS # _____ IN ADDITION TO BEING MAILED OUT FOR AN ADDITIONAL \$5

* Not recommended, may not be legible.

** Extra fee applies. See Courier fee schedule.

DOCUMENT RELEASE DATE:

- PRODUCE AS SOON AS POSSIBLE (PLEASE NOTE DIPLOMAS ARE ORDERED THROUGH THE MINISTRY OF EDUCATION AND MAY TAKE 2-3 WEEKS TO PROCESS)
- SEND BY THIS DATE _____

RECIPIENT INFORMATION:

I want this document to be sent to:

- Myself at my home address, same address as stated above**
- Someone else or an institution: Please specify recipient and address below (or myself at an address other than above)**

| | |
|--|--|
| RECIPIENT: | PHONE: |
| STREET ADDRESS: | ADDRESS LINE 2: |
| CITY: STATE/PROVINCE: | COUNTRY: POSTAL CODE: |

EMAIL OPTION (TRANSCRIPT ONLY) – UNOFFICIAL TRANSCRIPT: (NO CHARGE)

I want this unofficial transcript to be emailed to: _____

NOTES OR SPECIAL INSTRUCTIONS FOR THIS REQUEST:

Empty box for notes or special instructions.

COURIER FEE SCHEDULE:

Additional fees for Courier services (based on 3 day delivery option):

*Delivery within Canada: \$25

*Delivery to the United States: \$40

*International Delivery: \$60

* Additional charges may apply due to currency exchange rates, service rates, and delivery location.

PAYMENT:

FEES: All fees are payable at time of request and are subject to change

TRANSCRIPTS: \$10 PER COPY

DIPLOMAS: \$20 PER COPY (both options include the cost of regular mail)

_____ # of transcript(s) x \$10 = _____ + Additional fees (if applicable) _____ = _____ TRANSCRIPT FEES

_____ # of diploma(s) x \$20 = _____ + Additional fees (if applicable) _____ = _____ DIPLOMA FEES

_____ TOTAL PAYABLE

METHOD OF PAYMENT: Choose one

VISA/MASTERCARD/AMEX CASH DEBIT CHEQUE

CREDIT CARD #: _____ EXPIRY DATE (MM/YY): _____ CVV: _____

CARDHOLDER SIGNATURE: _____ TOTAL PAYABLE: _____

AUTHORIZATION:

I verify that this is my academic record and request for it to be delivered as indicated in this form. (Unsigned requests will not be processed)

Student Signature: _____ Date (DD/MM/YYYY): _____

FOR OFFICE USE ONLY

Received by: _____ Entered by: _____

Date Document(s)

Released: _____ Refund: \$ _____

