



PRINCE EDWARD COLLEGIATE INSTITUTE REQUEST FOR TRANSCRIPT

DATE RECEIVED: _____

NOTE: \$10.00/transcript; \$10.00/proof of graduation letter; (can take up to 5 Business days to process) Canada Post to your home add \$1.00

PLEASE READ



Fax Number:
613-476-1516

When faxing/mailing in your application, please remember to:

1. Sign the request form
2. Include a copy of your legible photo ID

A-APPLICATION INFORMATION

LAST NAME LAST NAME (While in School)	FIRST NAME MIDDLE NAME/NAMES	DATE OF BIRTH	GENDER M/F/X/N
LAST SECONDARY SCHOOL ATTENDED		LAST GRADE COMPLETED	YEAR OF GRADUATION/ RETIREMENT
No. of Transcripts Required: _____ No. of Proof of Graduation Letters: _____		UNIVERSITY/COLLEGE APPLICATION NO. OUAC: _____ OCAS: _____	

B-DISTRIBUTION INFORMATION

PICKUP-by applicant **PECI will call when ready for pick-up**

Photo ID

PHONE NUMBER: _____

PICKUP-by other (include full name and phone number) _____

Photo ID

APPLICANT'S SIGNATURE _____

C-FORM OF PAYMENT (To be completed by office staff)

This form should be returned with payment payable to PRINCE EDWARD COLLEGIATE INSTITUTE

CASH FEE RENDERED: \$ _____

CERTIFIED CHEQUE/MONEY ORDER(no personal cheques) DATE: _____

SIGNATURE OF OFFICE STAFF
DATE COMPLETED