



PRINCE EDWARD COLLEGIATE INSTITUTE REQUEST FOR TRANSCRIPT

DATE RECEIVED: _____

NOTE: \$5.00/transcript; \$5.00/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

<input type="checkbox"/> PICKUP-by applicant <input type="checkbox"/> Photo ID	PECI will call when ready for pick-up PHONE NUMBER: _____
<input type="checkbox"/> PICKUP-by other (include full name and phone number) _____ <input type="checkbox"/> 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

<input type="checkbox"/> CASH	FEE RENDERED: \$ _____
<input type="checkbox"/> CERTIFIED CHEQUE/MONEY ORDER(no personal cheques)	DATE: _____
_____ SIGNATURE OF OFFICE STAFF	_____ DATE COMPLETED