



# 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<br><br>LAST NAME (While in School)                                    | FIRST NAME<br><br>MIDDLE NAME/NAMES | DATE OF BIRTH  | GENDER<br><br><input type="checkbox"/> Male<br><input type="checkbox"/> Female |
| LAST SECONDARY SCHOOL ATTENDED  |                                     | LAST GRADE COMPLETED   | YEAR OF GRADUATION/RETIREMENT  |
| No. of Transcripts Required: _____<br>No. of Proof of Graduation Letters: _____ |                                     | UNIVERSITY/COLLEGE APPLICATION NO.<br><br>OUAC: _____<br><br>OCAS: _____ |  |

## B-DISTRIBUTION INFORMATION

|  |  |
|--|--|
| <input type="checkbox"/> PICKUP-by applicant<br><input type="checkbox"/> Photo ID  | <b>PECI will call when ready for pick-up</b> |
|  | PHONE NUMBER: _____                          |
| <input type="checkbox"/> PICKUP-by other (include full name and phone number) _____<br><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: _____             |
| _____<br>SIGNATURE OF OFFICE STAFF  | _____<br>DATE COMPLETED |