

REQUEST FOR TRANSCRIPT

Note: \$25.00 for one copy, and \$5.00 for each additional transcript
Attach a copy of photo id that shows your Date of Birth

E-Mail

Address:

A. APPLICANT INFORMATION

Last Name or Family Name (while in school)		First Name (used)		Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB (yyyy/mm/dd)
Last School Campus Attended		Last Grade Completed		Year of Graduation / Retirement	
Current Home Address	City	Prov/Country	Postal Code	Telephone No.	
				Cell ()	
Cell 2 ()					
Reason for Request <input type="checkbox"/> Post Secondary <input type="checkbox"/> Re-Entry <input type="checkbox"/> Employment <input type="checkbox"/> Other (Please specify:)					
Number of Transcript Copies Required: \$25 for one copy and \$5 for each additional			Fee:	University or College Reference NO: (if applicable)	

B. DISTRIBUTION INFORMATION

<input type="checkbox"/> PICKUP	<input type="checkbox"/> MAIL (one to home address above and/or to the following)
<input type="checkbox"/> by Applicant <input type="checkbox"/> photo ID (required)	<input type="checkbox"/> Address: _____
<input type="checkbox"/> Birth Certificate	_____
<input type="checkbox"/> by Other (indicate full-name) _____	_____
<input type="checkbox"/> letter with signature	<input type="checkbox"/> Embossed Sealed Envelope
APPLICANTS SIGNATURE: _____	

VISA or MasterCard Payments (For mailed in request only)

Card Holders Name: _____ Signature: _____

Card Type: _____ Card Number: _____ Expiry Date: _____ (mm/dd)

C. FORM OF PAYMENT (To be completed by office personnel.) No personal cheques will be accepted.

This form should be returned with payment payable to the **NILE ACADEMY**.

Cash **Certified Cheque/Money Order** VISA/Master Card/Debit Fee Rendered: \$ _____ Date: _____

Signature of Office Staff
Completed
Other notes (card approval, etc.)

COLLECTION NOTICE FOR TRANSCRIPTS INTAKE-PERMISSION FORM

The personal information you have provided is collected under the authority of sections 58.5(1) and 265(d) of the Education Act, R.S.O. 1990, c.E2, as amended. The information will be used as necessary for the retrieval of your record and the processing of your request as well as for statistical and administrative uses related to transcript services. **For further information, please contact the Nile Academy Office at 647-748-6453. Please mail the completed form to the Nile Academy Office 5 Blue Haven Cres. Toronto ON M9M 1W6. Attach a certified cheque or money order payable to the Nile Academy along with a copy of photo id. Please be aware that documents not picked up will be maintained for two months from the date of the request, following which they will be shredded. The transcript fee is non-refundable.**