

Official Transcript Request

OFFICIAL TRANSCRIPTS WILL NOT BE ISSUED IF THERE ARE FINACIAL OBLIGATIONS TO MCCANNY

Note: Transcripts requested will be processed within five business days of receipt of this completed form. For any same day service, there will be an additional \$25 priority service fee. Requests received after 3pm will be processed the following morning.

Requesting Priority fee \$25

Applicant Information (Please Print)

Date of Request:

<p>Last Name _____</p> <p>First Name _____</p> <p>Student ID# _____</p>	<p>Reason for Request:</p> <p><input type="checkbox"/> University outside of the Province of Ontario</p> <p><input type="checkbox"/> College</p> <p><input type="checkbox"/> Visa/Study Permit Renewal</p> <p><input type="checkbox"/> Other (Please specify) _____</p>
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I, the undersigned, hereby authorize McCanny Secondary School to release a copy of my transcript (s) as indicated below:

_____ (Signature)

_____ (Date)

PICKUP

By Applicant By Other (Please Indicate Full Name of Authorized Person) _____

Please Note: Applicant must present their Photo ID to obtain their transcript (s) at the Academic Office. If pickup is made by an authorized person, they must show one piece of photo identification and a written letter of authorization from the applicant.

Number of Copies Required: Ontario Student Transcript # _____ x \$50/each \$ _____

EMAIL

To Applicant To Other _____
(Please Indicate Full Name of the Recipient and Department Information)

Email: _____ Ontario Student Transcript \$20/each \$ _____

UNIVERSITY PLACEMENT OFFICE (SPECIAL SERVICE REQUEST)

Only complete this section if it is a mandatory request from the Universities/Colleges for the school to email or upload your transcript. Visit your University Placement Counselor for any questions in regards to this special service request.

Name of University/College:

Email Address:

1. _____
2. _____
3. _____
4. _____

- _____
- _____
- _____
- _____

STUDENT USING MAIL OR COURIER SERVICES
(PLEASE CHECK THE BOX IF YOU ARE)

MAIL/COURIER SERVICES

Name of University/College/Other: _____
Department/Contact Person: _____
Mailing Address: _____

City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Phone Number: _____ (Mandatory when choosing Courier Services)

Delivery Instructions:
 Courier Shipment in Canada - \$35 Courier Shipment NOT in Canada - \$75 \$ _____

Name of University/College/Other: _____
Department/Contact Person: _____
Mailing Address: _____

City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Phone Number: _____ (Mandatory when choosing Courier Services)

Delivery Instructions:
 Courier Shipment in Canada - \$35 Courier Shipment NOT in Canada - \$75 \$ _____

Name of University/College/Other: _____
Department/Contact Person: _____
Mailing Address: _____

City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Phone Number: _____ (Mandatory when choosing Courier Services)

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 Courier Shipment in Canada - \$35 Courier Shipment NOT in Canada - \$75 \$ _____

Name of University/College/Other: _____
Department/Contact Person: _____
Mailing Address: _____

City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Phone Number: _____ (Mandatory when choosing Courier Services)

Delivery Instructions:
 Courier Shipment in Canada - \$35 Courier Shipment NOT in Canada - \$75 \$ _____

PLEASE PROCESS TRANSCRIPT
THERE IS NO BALANCE OWING

TOTAL COST \$ _____

(Signature of Finance Personnel)