



PROTEGE SCHOOL

Request for Official Transcript

Transcript Request Processing Fees:

\$25.00 + 13% HST per copy, additional copy \$5.00 +13% HST per copy

Part 1: STUDENT INFORMATION

Student ID number (If available)	Date of Birth (mm-dd-yyyy)	Email
Last name (Family name) (Previous last name)	First name (Given name)	Middle name
Address	Home phone number	
City Province Postal code	Cell phone number	

Part 2: PROGRAM/COURSE INFORMATION

Program / Course	Year(s) Attended
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Part 3: TRANSCRIPT REQUEST

Total number of Transcripts I am requesting: _____ (1st copy \$25.00, additional copy \$5.00 per copy plus 13%Tax)

Deliver my transcript to:

☐ Mail to Address: _____

City: _____ Prov: _____ Postal Code: _____

Attn: _____ Re: _____

☐ Pick up

☐ Fax or Email to Fax Number or email address: _____

Fax or Email Attn: _____

SIGN HERE

Signature of Applicant

Date

(Office Use Only) Date Mailed _____ Payment _____

Method of Payment: **PREPAID CREDIT CARDS CANNOT BE PROCESSED FOR PAYMENT**

☐ Cash (do not send cash in the mail) ☐ Certified Cheque/Money Order ☐ MasterCard ☐ Visa

Credit Card # _____ Expiry Date (mm/yy) ____/____

Submit to: Office of the Registrar, Protégé School, 3390 Midland Avenue, Unit 10, Toronto, ON M1V 5K3
| T: 416.754.9866 | F: 416.754.4439 | E: canada@protegeschool.com