## TRANSCRIPT REQUEST

Please fill out the following information:

Surname	First Name	Middle Name
Student OEN:	unternatio	pnal 4
Student DOB:		AC.
Phone:		
Email Address:		
Which type of transcript v Hard Copy (\$10CA Electronic Copy		er? *
Pick-up/Delivery option for hard copy Pick up at Alathena International Academy-North York Campus		
International Expr	ess Courier	Bila
International Express Courier  Within Canada Express Courier		
The applicant hereby authorizes Alathena International Academy - North York to release a copy of my Transcript (s) as indicated.		
Student Signature		DATE

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