



## **TRANSCRIPT REQUEST**

Please fill out the following information:

\_\_\_\_\_  
Surname                      First Name                      Middle Name

Student OEN: \_\_\_\_\_

Student DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Which type of transcript would you like to order? \*

Hard Copy (\$10CAD)

Electronic Copy

Pick-up/Delivery option for hard copy

Pick up at Alathena International Academy-North York Campus

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