



SMITHS FALLS DISTRICT COLLEGIATE INSTITUTE
 299 Percy Street
 Smiths Falls, Ontario
 K7A 5M2



REQUEST FOR TRANSCRIPT/DIPLOMA

Request Date: _____ Official Transcript: Yes No

Official Diploma: Yes

There is a charge of \$5.00 for an official transcript which is to be paid before transcripts can be picked up or mailed. There is a charge of \$25.00 to be paid before an official diploma can be ordered from Toronto.

 First Name: _____ Middle Name: _____

Last Name: _____ Maiden Name: _____

Birthdate: _____ Graduation/Last Attendance Year: _____

Telephone Number: _____

I will pick up my transcript at the main office between the hours of 7:30 am and 2:30 pm Monday to Friday.

I give the following person permission to pick up my transcript/diploma at the main office between the hours of 7:30 am and 2:30 pm Monday to Friday and they will present a note of authorization from me. Name: _____

Please email my transcript: _____

Please mail my transcript/diploma to the following address

I hereby authorize the release of the information to the above stated person/institution:

 Signature request received by: email phone
 to/ by: _____

Office Use Only

\$5.00 Fee: Paid No Fee Required Reason: _____

\$25.00 Fee: Paid No Fee Required Reason: _____

Request completed: _____ By: _____