

OFFICIAL TRANSCRIPT AND LETTER Request Form



Applications are reviewed on an ongoing basis. Incomplete applications will not be considered. Please contact OCTCM if you require any assistance with this application.

Student Information

First Name: _____ Last Name: _____ Date of Birth: DD / MM / YY

Address: _____ City: _____

Province/State: _____ Postal/Zip Code: _____ Country: _____

Telephone #: Cell _____ Work: _____

Email Address: _____ Citizenship: _____

Request Information:

Type of document: Official Transcript with Seal Transcript without Seal

Letter of Enrollment Other Official letter

Type of Service: Pick up* Courier Service**

Requested Transcripts are normally printed within 3-5 working day.

*\$25 per request

** Courier Service – Additional Fee apply.

Payment Information

Payment Method: Cash Cheque Debit Card Credit Card

Delivery Information:

Request Information	Complete mailing address	# of copies
Official Transcript with Seal	Abc Defgh, Suite 507, 7130 Warden Ave Markham, ON L3R 1S2	1

OCTCM| OFFICE USE ONLY

Date of application: _____

Student Name: _____

Student Number: _____

Received and Record by: _____