



REQUEST FOR COPY OF TRANSCRIPT/DIPLOMA/CERTIFICATE FORM

Former students/graduates of Mothercraft programs may request a copy[ies] of their transcript/diploma/certificate to be issued. A Request for Copy form must be filled out. Deliver it in person or mail your completed request to: Mothercraft College, 646 St. Clair Avenue W., Toronto, ON M6C 1A9. Include the non-refundable payment by cheque or money order (payable to **Mothercraft**), or in-person by Debit, Visa, or MasterCard. Note that this request can also be made over the phone using a credit card for payment.

- **\$15.00 per transcript copy issued. \$50.00 per certificate/diploma issued.**
- **From the date of the request, it could take up to one week for the transcript to be mailed from Mothercraft College**
Please allow up to 8 weeks for a copy of your Diploma/Certificate

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION: Your name should be as it was when you attended the program.

First Name	Middle Name	Last Name			
Address	Apt #	City	Province	Country	Postal /Zip Code
(_____) _____ Day Telephone Number		(_____) _____ Evening Telephone Number			
Program: <input type="checkbox"/> ECE F/T Diploma <input type="checkbox"/> ECE Part-time (Con Ed) Diploma <input type="checkbox"/> ECE F/T Diploma (ELT) <input type="checkbox"/> ECEA F/T Certificate <input type="checkbox"/> ECEA Part-time (Con Ed) Certificate <input type="checkbox"/> Home Based Child Care Certificate <input type="checkbox"/> ECE F/T Diploma (Bridge to Work) <input type="checkbox"/> ECE Con Ed Diploma (Bridge to Work)					
<input type="checkbox"/> Transcript <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate					
Student I.D. # _____		Year[s] attended _____		Year Graduated: _____ (if applicable)	

I have included the non-refundable fee of \$15.00 per copy for transcript; \$50.00 per copy for diploma/certificate requested.

_____	_____	_____	_____
Student's Signature	Date	# of Copies Requested	Amount Paid

I would like my transcript[s]/diploma/certificate sent to the following: Provide complete mailing address[es]; if applicable, include the Institution department and/or applicant I.D./reference number to be indicated on the transcript.

Address # 1
I.D./Ref # _____

Address # 2
I.D./Ref # _____

Address # 3
I.D./Ref # _____

Address # 4
I.D./Ref # _____

FOR OFFICE USE ONLY:

Date Received: _____ # of Copies _____ Amount Paid: _____ Ack # _____ Staff Initial _____