



Mothercraft College of Early Childhood Education Request for Transcript or Diploma/Certificate Form

Former students/graduates of Mothercraft programs may request copies of their transcript or diploma/certificate to be issued. Please complete Request for Transcript or Diploma/Certificate Form and deliver it in person or mail your completed request to: Mothercraft College of Early Childhood Education, 646 St. Clair Avenue W., Toronto, ON M6C 1A9. Include the non-refundable payment by cheque or money order (payable to Mothercraft College of Early Childhood Education), or in-person by Debit, Visa, or MasterCard. Requests can also be made over the phone using a credit card for payment.

Please note the following fee and processing information below:

- \$15.00 **per Transcript** issued
- \$50.00 **per Diploma/Certificate** issued
- Request may take up to two weeks to process (from original date of the request) to be mailed from Mothercraft College of Early Childhood Education. Please allow up to 4 weeks for a copy of your Diploma/Certificate

First Name _____			Middle Name _____			Last Name _____		
Address _____		Apt # _____	City _____		Province _____	Country _____	Postal Code _____	
(_____) Day Telephone Number				(_____) Evening Telephone Number				
Select 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"/> HBCC Certificate		
<input type="checkbox"/> ECE F/T Diploma (Bridge to Work)			<input type="checkbox"/> ECE Con Ed Diploma (Bridge to Work)					
Select all that apply: <input type="checkbox"/> Transcript # of Copies _____			<input type="checkbox"/> Diploma # of Copies _____			<input type="checkbox"/> Certificate # of Copies _____		
Student I.D. # _____		Year[s] attended: _____			Year Graduated: _____ (if applicable)			

Select one of the following:

- Please send transcript/diploma to me directly
- Please send transcript/diploma to the following address below (provide complete mailing address[es]; if applicable, include the Institution department and/or applicant I.D./reference number to be indicated

Address # 1
I.D./Ref # _____

Address # 2
I.D./Ref # _____

FOR OFFICE USE ONLY:
Method of Payment: <input type="checkbox"/> Debit <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Cheque Ack # _____ Staff Initials _____ Date: _____