

# ACADEMIC RECORD REQUEST FORM

The Office of Research and Field Development, Faculty of Education  
 023 Winters College, 4700 Keele Street, Toronto, ON M3J 1P3  
 Tel: (416) 736-5003/Fax: (416) 736-5023  
 Email: [raiseyouraq@edu.yorku.ca](mailto:raiseyouraq@edu.yorku.ca)  
 Website: <http://www.raiseyouraq.ca/>

Use this form for Additional Qualifications completed after 1993 and all Principal's Qualification Programs. To request transcripts for Additional Qualifications completed up to and including 1993, please visit <http://www.registrar.yorku.ca/services/everything/transcripts/methods.htm>

## PERSONAL INFORMATION (please print)

COLLEGE OF TEACHERS REGISTRATION NUMBER: (from your Certificate of Qualification)					DATE OF BIRTH: (OCT requirement) (MM / DD / YYYY)	
SURNAME:		PREVIOUS SURNAME: (if applicable)		FIRST NAME:		
STREET ADDRESS:						APT/UNIT:
CITY:			PROVINCE:	POSTAL CODE:		
HOME TEL:	WORK TEL:		E-MAIL:			

## MAILING DETAILS

**NOTE: All your AQ/ABQ courses are listed on one transcript.**

Mail ___ copies to my address above	Please mail a copy of the Academic Record request to:
Mail ___ copies to another organization	
Name of Organization: _____	
Fax ___ copies to another organization (an additional \$5 fee applies)	
Name of Organization: _____	
Fax #: _____	Name of Organization: _____
	Street Address _____
	Street Address _____
	City _____ Province _____
	Postal Code _____

## COURSES TO INCLUDE IN ACADEMIC RECORD (list courses to appear on Academic Record)

Additional Qualifications	Year Completed (1994 to present)	Location Attended
Course 1:		
Course 2:		
Course 3:		
Course 4:		
Course 5:		

## PAYMENT INFORMATION

The cost for each Academic Record is \$10. Payment may be made by Visa, MasterCard, certified cheque, money order or debit card\* (\*in person only).

Payment option: (Please check one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Debit Card (in person only)
Credit Card Number:	Expiry Date: (MM / YY)				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CARDHOLDER'S NAME: (Print clearly)	CARDHOLDER'S SIGNATURE:
_____	_____

Payment Amount: \$ \_\_\_\_\_

## IMPORTANT NOTES

- 1) Please allow 2 - 4 weeks for processing.
- 2) Incomplete and unsigned requests will not be processed.
- 3) For recently completed AQ/ABQ/PQP courses, please allow 4-6 weeks for the course to be added to your OCT certificate. Transcripts will be processed after your OCT public registry has been updated.

APPLICANT'S SIGNATURE:	DATE:
_____	_____