

ACADEMIC RECORD REQUEST FORM

The Office of Research and Professional 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
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:		

PROCESSING AND PAYMENT INFORMATION

Processing Options:

TRANSCRIPT FEE: <input type="checkbox"/> \$12 - REGULAR MAIL (5-10 Business Days)	FAX COPY: <input type="checkbox"/> \$5 - ALL DESTINATIONS	COURIER OPTIONS (Charged in addition to the Transcript Fee): <input type="checkbox"/> \$35 - CANADIAN DESTINATION (2-3 BUSINESS DAYS)	<input type="checkbox"/> \$50 - U.S. DESTINATION	<input type="checkbox"/> \$100 - INTERNATIONAL
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Payment Option:

(Please check one) VISA MASTER CARD CERTIFIED CHEQUE MONEY ORDER DEBIT (IN PERSON ONLY)

Credit Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date: (MM / YY)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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CARDHOLDER'S NAME:

(Print clearly) _____

CARDHOLDER'S SIGNATURE:

Payment Amount: \$ _____

IMPORTANT NOTES

- 1) Incomplete and unsigned requests will not be processed.
- 2) 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: _____