



**Authorization for Disclosure of Personal Information
Education Verification and Transcript Request**

Student Information:

Surname:	
Given Name:	
Maiden/another name (if applicable):	
Date of Birth (dd/mm/yyyy):	
Campus Attended: (i.e. Kenmount Road, etc.)	
Specify Program and Years Attended:	
Mailing Address:	
Email Address:	

How do you wish to receive your transcript?

- By Email to the email address noted above By Mail to the mailing address noted above
 By Email to the email address noted below By Mail to the address below

Company/Institution Name:	
Contact Person's Name:	
Email Address:	
Mailing Address:	
Telephone Number:	

By Fax to

Fax #:	
Attention:	

In Person

Persons Name (they must have ID):	
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Please note a \$5 processing charge applies to requests to generate additional official transcripts. Original transcripts are issued free of charge.

Consent:

I (please print) _____, hereby authorize Academy Canada to release academic information to the name/institution and address provided above.

Signature

Date

Office use only:

- Processing fee received
Receipt #: _____
- Request processed