

## 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: ☐ Debit ☐ MasterCard ☐ Visa ☐ Cheque    Ack # \_\_\_\_\_    Staff Initials \_\_\_\_\_    Date: \_\_\_\_\_