



Heritage Innovation School

Request for Enrollment Letter, Ontario Student Transcript and/or Duplicate Diploma

The personal information that you provide on this form will be used to process your request for documents as permitted by section 8.1 of the Education Act RSO 1990, c.E.2, as amended.

Please **PRINT**

Surname		Given Name		Student ID	Date of birth (YYY-MM-DD)
Mailing Address			City		Province
Postal Code	Phone Number		Email		
Reason for the Request					

Indicate which you are requesting:	Unit Price	Quantity	Total
<input type="checkbox"/> Ontario Report Card	\$15.00		
<input type="checkbox"/> Ontario Student Transcript (OST) Original	\$35.00		
<input type="checkbox"/> Ontario Student Transcript (OST) Extra or Electronic	\$15.00		
<input type="checkbox"/> Duplicate Ontario Secondary School Diploma	\$100.00		
<input type="checkbox"/> Postage for OST to universities outside Ontario	\$60.00		

Please provide the following information for deliverin g your request

<input type="checkbox"/> Electronic Version	By checking this option, I am giving my consent to the school to email my request(s) to the above email address.								
<input type="checkbox"/> Pick-up in Person or mail to me	By checking this option, I am giving my consent to the school to mail my request(s) to the above mailing address.								
<input type="checkbox"/> Pick-up in Person by others	Please provide pick-up person's name, if other than yourself. A photo ID would be requested and copied when picking up your requests								
<table border="1"> <tr> <td>Name of Person Designated</td> <td></td> </tr> </table>		Name of Person Designated							
Name of Person Designated									
<input type="checkbox"/> Mail to the following receiver									
<table border="1"> <thead> <tr> <th>Institution Name</th> <th>Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Institution Name	Address						
Institution Name	Address								

X
Signature of Applicant _____

_____ Date

DO NOT DETACH

OFFICE USE ONLY

Invoice No.			X	
Amount received		Payment received by	Signature	Date
Payment Method			X	
Payment Date		Request Released by	Signature	Date