

DIPLOMA REQUEST FORM



A. APPLICANT INFORMATION:

Last Name: _____

First Name: _____

Last Name/Family Name Used while in School:

Gender: MALE FEMALE

Date of Birth: _____
(yyyy / mm / dd)

Current Home Address:

Street Number & Name

City, Province

Postal Code

Telephone Number during the day:

EMAIL ADDRESS:

LAST SECONDARY SCHOOL ATTENDED:

Print name of school

Year Graduated: _____

B. DISTRIBUTION INFORMATION:

Mail to Current Address PICKUP

Mail to address below if different than home address:
(if more than one destination attach list to this form)

Special instructions:

APPLICANT'S SIGNATURE (MANDATORY): _____

C. FORM OF PAYMENT: FEE: \$24.00 Payable to: TORONTO CATHOLIC DISTRICT SCHOOL BOARD

Payment enclosed: Cheque Money Order Bank Draft

This form is to be returned with payment to: Toronto Catholic District School Board
80 Sheppard Ave. E.
Toronto, Ontario M2N 6E8
Attention: Guidance/Student Success
Re: Diploma Request

Personal information in this form is collected under the authority of the Education Act, R.S.O. 1990, C.E.2. The Ontario Student Record Guideline, 2000, will be used to locate and create the Ontario Student Transcript. The personal information you provide us is protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c. M.56. and will only be used for the purpose for which the information has been collected.