

DUPLICATE GRADE REPORT REQUEST FORM

Please complete this form and drop it off or mail it to the English Language Program, 252 Bloor Street West, Suite 4-106, Toronto, Ontario, M5S 1V6, Canada.

Duplicate Academic English Certificate - \$51.00 + HST (13%) = \$57.63 (per copy)

Pick-Up Mail

Duplicate Grade Report for Personal Use - \$5.00 + HST = \$5.65 (per personal, unsealed copy)

Select the method that you wish to receive the duplicate Grade Report(s)

Pick-Up Mail

Duplicate Grade Report for Universities or Colleges - \$5.00 + HST = \$5.65 (per sealed copy to universities and/or colleges)

*Please note that your first three copies sent to universities and/or colleges are free. There is a cost of \$5.65 for each copy produced thereafter.

*This copy will be forwarded directly by the ELP Office to the requested universities and/or colleges. The student must provide the correct institution address(es) on the reverse side of this form and it is the student's responsibility to follow up with each institution to confirm they have received their Grade Report.

PERSONAL DETAILS AND MAILING ADDRESS

Mr. Mrs. Ms. Other

First Name

Family Name

Date of Birth DD/MM/YYYY

Apartment
Number

Street Number and Name

City/Town

Province

Country

Postal Code

E-mail

Telephone Number

COURSE DETAILS (SCS ACADEMIC RECORDS ARE ONLY RETAINED FOR A PERIOD OF SEVEN (7) ACADEMIC YEARS)

Course Name

Course Number

Course Date

Course Level

PRIVACY TERMS AND CONDITIONS

Duplicate Grade Reports and certificates are issued at the student's request. In accordance with the University's policy on access to student records, the student's signature is required for the release of the record. Duplicate Grade Reports and certificates will be processed and mailed within a period of 5-10 business days from receipt of the request. Please allow longer processing and delivery time for international mail. An email confirmation will be sent to the student once the request has been completed.

I hereby give the English Language Program permission to release my grades.

Student
Signature

Date DD/MM/YYYY

UNIVERSITIES AND/OR COLLEGES

| | |
|-------------------------------|----------------------|
| 1. Name of Institution | |
| Applicant/Student Number | Department |
| Street Number and Name | |
| Room/Suite Number | City |
| Province/State | Postal Code/Zip Code |
| Country | Contact Person |

| | |
|-------------------------------|----------------------|
| 2. Name of Institution | |
| Applicant/Student Number | Department |
| Street Number and Name | |
| Room/Suite Number | City |
| Province/State | Postal Code/Zip Code |
| Country | Contact Person |

| | |
|-------------------------------|----------------------|
| 3. Name of Institution | |
| Applicant/Student Number | Department |
| Street Number and Name | |
| Room/Suite Number | City |
| Province/State | Postal Code/Zip Code |
| Country | Contact Person |

PAYMENT METHODS

| | | | |
|----------------------------|--------------------------------------|------|--|
| American Express | MasterCard | Visa | Certified Cheque (Payable to the University of Toronto) |
| Credit Card Number | Name of Cardholder on Credit Card | | |
| Expiry Date | Total Fee (Canadian \$) | | |
| Signature of Cardholder | Date DD/MM/YYYY | | |

OFFICE USE ONLY

| | | |
|---------------|-------------|----------------|
| Date Received | Received By | Date Processed |
|---------------|-------------|----------------|