

## St. Catharines Collegiate Institute and Vocational School

34 Catherine Street, St. Catharines, ON L2R 5E7 Telephone 905-687-7301 Fax 905-687-1172 www.collegiate.ca

## **Guidance Document Request**

| Document (s) required: | <ul> <li>Ontario Student Transcript – No. of copies</li></ul>  |
|------------------------|--|
| Reason:                | <ul> <li>Co-op (Regular or Militia)</li> <li>Employment</li> <li>Immigration</li> <li>Post-secondary application</li> <li>Transfer to another school</li> <li>Other:</li></ul> |

(Please provide address in "Special Instructions" section)

| PERSONAL INFORMATION |                    |  |
|----------------------|--------------------|--|
| Surname              | First Name(s)      |  |
| Date of Birth        | Year last attended |  |
| Street address       | City Postal Code   |  |
| Phone No             | Email address      |  |

## SPECIAL INSTRUCTIONS

Please allow at least one day for processing

Signature at pick up \_\_\_\_\_\_

Date \_\_\_\_\_