

HON. W. C. KENNEDY COLLEGIATE INSTITUTE

245 Tecumseh Road East, Windsor Ontario N8X 2R2

Phone: 519-254-6475 – Fax: 519-254-6750

Release of Information

PLEASE PRINT CLEARLY

Today's Date: _____

I hereby authorize Hon. W. C. Kennedy to release school records concerning myself:

Full name used while attending Kennedy CI: _____

First Name

Middle Name(s)

Last Name

Current Name (if different than above): _____

First Name

Middle Name(s)

Last Name

CURRENT Mailing Address: _____

ADDRESS

CITY

PROVINCE

POSTAL/ZIP CODE

Telephone: _____

Date of Birth: _____

Signature of Authorization

Date

****Special mailing instructions**** details if you want it sent _____
somewhere other than address above. You must specify _____
name and full address (or email) of destination. _____

Required: Photo ID from student/former student.

ORIGINAL document(s) required: Official Transcript \$10 Replacement Diploma \$25

COPIES of: OSR Document(s): _____

(description of document(s) needed) _____

Fee: starting at \$10.00 (dependent on volume)

Dates From/To: _____

Reason: _____

The last year attended was approximately: _____

The transcript is being used for: (please select)

College/
University

Completion of Diploma

Work Related

For Office Use Only:

Paid In Full: ___ Yes ___ No Staff Rec'd _____

Document Completed by: _____

Date Picked Up: _____

Notes: _____

Official Transcript: \$10.00

OSR Documents: \$10.00 +

Replacement Diploma: \$25.00

Courier shipping fees Inside Ontario \$10.00

Courier shipping fee: Elsewhere in Canada \$20.00

Courier shipping fee: Outside of Canada: TBD