

DIPLoma LETTER REQUEST FORM

APPLICANT INFORMATION (Please Print)

Date of Request: _____

Last Name: _____ First Name: _____

Middle Name: _____ Other Names Used: _____

Last Name (*while in school*): _____ Date of Birth (DD/MM/YYYY): _____

Current Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Home #: _____ Cell #: _____

Last Secondary School Attended: _____ Last Year of Attendance: _____

Student Number (if known): _____ OEN (if known): _____

FEES:

Diploma request fees (\$25 CDN) apply to letters prior to the 2023-24 school year. Fees (\$25 CDN) can be paid online through [SchoolCashOnline](#).

Email completed form to transcripts@dpcdsb.org