

St. Mary's Canossian College
Request for Transcript

Full Name: (English): _____ (Chinese): _____

Class *Attending /Last Attended: _____ Form _____ Academic Year: _____ (_____ - _____)

Date of Admission: _____

Address: _____

Telephone No.: _____ HKID Card No.: _____

Reason for Application: _____

Have you applied for a transcript before? *Yes / No _____

*Delete whichever is inapplicable

List of universities / institutes transcript to be sent:

1. _____
2. _____
3. _____

Collection of Transcript (in case of authorized representative):

Representative Name: _____

Contact Telephone No.: _____

HKID Card No.: _____

Remarks:

1. Transcripts normally require **7 working days to process**. The applicant will be informed once the transcript is ready for collection.
2. Transcripts are to be collected **either** in person **or** by representative **at the School Office**.
3. In case transcripts have to be sent directly from the school, sufficient stamped and addressed envelopes for posting purposes must be provided at the time of collection.

Date of application: _____

Date of collection: _____ (For office use)