



DOCUMENT REQUEST FORM

STUDENT INFORMATION

FULL LEGAL NAME: _____
(FIRST NAME/GIVEN NAME) MIDDLE NAME(S) LAST NAME (FAMILY NAME)

DATE OF BIRTH: ____/____/____
MONTH / DAY / YEAR

DOCUMENT REQUESTED

- Confirmation of Enrollment Letter
- Confirmation of Completion Letter
- Official Transcript
- Copy of Previous Transcript(s)

DELIVERY OPTION

Pick Up (Must pick up in person and have ID verification – Appointments Required for Pick Up)

Mail To:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-Mail To University/College/School

Name: _____

E-mail Address: _____

Note: Official Transcripts will only be sent to official university/college/school email addresses.

STUDENT SIGNATURE

Signature: _____ Date: _____

Submit your completed form by email to: crossroadslearning@mymts.net

Documents will take up to five business days to produce.