



# RCM EXAMINATIONS

5865 McLaughlin Road, Unit 4, Mississauga, Ontario, L5R 1B8  
Phone: (905) 501-9553 Fax: (905) 501-1290 www.rcmexaminations.org

## Request for Official Transcript

Transcript requests require 2 – 4 weeks to process.  
Complete this form and mail or fax it to RCM Examinations.

- Transcript to be used for high school accreditation
- Transcript to be used for entrance requirements at a post-secondary institution:
  - Music
  - Non-music
- Other: \_\_\_\_\_

### Candidate Information

RCME Number: \_\_\_\_\_ Date of Birth (dd/mm/yy): \_\_\_ / \_\_\_ / \_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_ Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Last Examination Taken (Grade, subject, date):  
\_\_\_\_\_

Previous Address: \_\_\_\_\_

### Transcript(s) to be Mailed to the Following Institutions/Individuals:

(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

\_\_\_\_\_

### Payment

Fee for One Transcript: \$ \_\_\_\_\_

If last examination was taken in or after 1980: \$30

If last examination was taken before 1980: \$45

Number of Additional Copies: \_\_\_\_\_ x \$6 = \$ \_\_\_\_\_

**Total Payment: \$ \_\_\_\_\_**

Cheque  (MasterCard, VISA or AMEX): \_\_\_\_\_

Credit Card Number

Expiry Date (mm/yy): \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_