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**RESULT ENQUIRY SERVICE APPLICATION FORM - AEC**

Name of teacher \_\_\_\_\_ Membership # \_\_\_\_\_  
 Name of school \_\_\_\_\_ School ID # \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_ Telephone \_\_\_\_\_

**Result Enquiry Report - \$60.00**

Candidate name	Candidate ID	Level of exam	Date of exam	Examiner (Surname and initial)	Fee due

**Payment Information**

Please charge my credit card: Visa  MasterCard  Amex   
 Card number: |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_| |\_|\_|\_|\_|  
 Expiry date: |\_|\_| |\_|\_| (mm/yy)  
 Cardholder's name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR** enclose cheque payable to *Royal Academy of Dance*

For office use only:

Date Received	Fee Received	Clerical Check	To UK	To Centre