



## Request for Ontario Student Transcript

*PLEASE PRINT LEGIBLY*

### A. APPLICANT INFORMATION

Date of request: \_\_\_\_\_ Student Number (RCDSB): \_\_\_\_\_

Surname (while in school) \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### B. HIGH SCHOOL INFORMATION

Last Secondary School Attended: \_\_\_\_\_

Last Grade completed: \_\_\_\_\_ Year of Leaving/Graduation: \_\_\_\_\_

Have you taken any other high school courses since leaving here  Yes  No

If yes, please list course(s) and school(s) \_\_\_\_\_

No. of Transcripts Requested: \_\_\_\_\_ Fee: \_\_\_\_\_

*Fees are as follows: 1980 til present \$5, before 1980 \$10. Your Transcript(s) WILL NOT be released until payment is received.*

### AUTHORIZATION AND PAYMENT

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Method of Payment:  Cash  Cheque  Other

\_\_\_\_\_  
Signature of Office Staff

\_\_\_\_\_  
Date request filled