



# REQUEST FOR TRANSCRIPT

## Authorization and Consent

Transcript Fee: \$20.00 for the first 2 copies, \$5.00 for each additional copy.  
**NOTE:** Your transcript request will **NOT** be processed until receipt of this completed form with the applicable non-refundable fees and a copy of photo ID showing your date of birth.  
 Please allow one week for processing.

### APPLICANT INFORMATION (Please Print)

Last Name:  <i>Last/Family Name: (while in school)</i>	First Name:  <i>Other Names Used:</i>	Middle Name:	Gender:  <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <small><i>(year/month/day)</i></small>
Last Secondary School Attended:		Last Year of Attendance:	HDSB Student Number: <small><i>(if known)</i></small>	OEN –Ontario Education Number: <small><i>(if known)</i></small>
Current Mailing Address:		City/Country:	Postal Code:	Home: (    ) Bus: (    ) Fax: (    ) E-Mail:
Reason for Request: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Re-entry <input type="checkbox"/> Employment <input type="checkbox"/> Other (Please specify):				

### DISTRIBUTION INFORMATION (Please Print)

No. of Transcripts Required:	I, the undersigned do hereby authorize the Halton District School Board to release a copy of my student transcript(s) as indicated below:  Signature: _____	Date:
<b>PICKUP</b> <input type="checkbox"/> By Applicant <input type="checkbox"/> By Other: _____ <p style="text-align: center;"><small>Indicate Full Name of Authorized Person</small></p> Additional Comments: _____ _____ <b>Applicant will be notified when transcript is available for pick up. Two pieces of identification must be presented to obtain OST.</b> Date OST Received: _____ Signature: _____		<b>MAIL OR FAX</b> <input type="checkbox"/> To Applicant (at address indicated above) <input type="checkbox"/> To Other: <i>(if mailing to more than one location, provide details reverse)</i> _____ <i>Name</i> _____ <i>Mailing Address</i> _____ <i>City</i> <i>Prov.</i> <i>Postal Code</i> Fax #: _____ Post-Secondary Ref. No (if applicable) _____

### FOR OFFICE USE ONLY (To be completed by Office Personnel)

Payment received:  Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	<input type="checkbox"/> Proof of identity received/confirmed  _____ <i>Signature of Office Personnel</i>		
Source of Information for Transcript: <input type="checkbox"/> Production <input type="checkbox"/> Historical <input type="checkbox"/> OSR	Service Desk Ref. #: _____	Completed by: _____	Date prepared: _____