



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: Last/Family Name: <i>(while in school)</i>	First Name: Other Names Used:	Middle Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <i>(year/month/day)</i>
Last Secondary School Attended:	Last Year of Attendance:	HDSB Student Number: <i>(if known)</i>	OEN –Ontario Education Number: <i>(if known)</i>	
Current Mailing Address:	City/Province:	Postal Code:	Cell: ()	Home: ()
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:
PICKUP <input type="checkbox"/> By Applicant <input type="checkbox"/> By Other: _____ <p style="text-align: center;">Indicate Full Name of Authorized Person</p> Additional Comments: _____ _____ Applicant will be notified when transcript is available for pick up. Two pieces of identification must be presented to obtain OST. Date OST Received: _____ Signature: _____		MAIL OR EMAIL <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> _____ <div style="display: flex; justify-content: space-between;"> City Prov. Postal Code </div> Email Address: _____ 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"/> Cheque School Cash Online	<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:

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 and will be used only for purposes related to the regular operational and administrative requirements of the HDSB. Questions with respect to this collection should be directed to your school principal or to; Manager, Access, Privacy and Records 2050 Guelph Line, Burlington, ON. L7P 5A8 905 335 3663, or privacy@hdsb.ca.