



REQUEST FOR TRANSCRIPT Authorization and Consent

During the mandatory school closure for Covid-19 the Transcript Request process will be done remotely. An electronic copy of courses and marks with an accompanying verification letter by a Halton District School Board Official will be provided in lieu of a sealed document on official transcript paper. Your transcript request will be processed upon receipt of this completed form and a copy of photo ID showing your date of birth.

APPLICANT INFORMATION (Please Print or Enter Electronically). To enter electronically, save a copy before entering your information.

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/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 or Enter Electronically)

# of Transcripts Required: _____	By checking this box, I hereby authorize the Halton District School Board to release a copy of my student transcript(s). <input type="checkbox"/>		
Email to (select one below)	Name of Applicant	Date of Request	
<input type="checkbox"/> Email to Applicant	Post Secondary Reference # (if applicable):		
<input type="checkbox"/> Email to Other	Other Email Address (if applicable):		

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

<input type="checkbox"/> Proof of Identity Received	Authorized by: _____		
	Name of Office Personnel		
Source of Information for Transcript: <input type="checkbox"/> Production <input type="checkbox"/> Historical <input type="checkbox"/> OSR	Service Desk Ref #:	Completed by:	Date prepared:

The requested documentation and accompanying Board verification letter will sent via email.