

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 Secondary School Attended: Last Year of Attendance: HDSB Student Number: GENOntario Education Number: (if known) Current Mailing Address: City/Province: Postal Code: Cell: () Home: () E-Mail: E-Mail: Reason for Request: College Re-entry Employment 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: MAIL OR EMAIL To Other: (if mailing to more than one location, provide details reverse) PICKUP MAIL OR EMAIL To Other: (if mailing to more than one location, provide details reverse) Name Mailing Address Mailing Address Mailing Address Mailing Address Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) District Confirmed Amount: \$ Cash	Loot Namo:	le:	at Nama:	Middle	Nama:	Condor		Data of Pirth:	
Last Secondary School Attended: Last Year of Attendance: HDSB Student Number: (if known)	Last Name: Fi		St Name.	arrie.		Gender:	_	Date of Birth: (year/month/day)	
Current Mailing Address: City/Province: Postal Code: Cell: () Home: () E-Mail: Reason for Request: University College Re-entry Employment 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: PICKUP By Applicant By Other: Indicate Full Name of Authorized Person Additional Comments: Indicate Full Name of Authorized Person 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: POR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash	Last/Family Name: (while in school) Othe		her Names Used:	r Names Used:			F		
Current Mailing Address: City/Province: Postal Code: Cell: () Home: () E-Mail: Reason for Request: University College Re-entry Employment 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: PICKUP By Applicant By Other: Indicate Full Name of Authorized Person Additional Comments: Indicate Full Name of Authorized Person 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: POR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash									
Current Mailing Address: City/Province: Postal Code: Cell: () Home: () E-Mail: Reason for Request: University College Re-entry Employment 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: PICKUP By Applicant By Other: Indicate Full Name of Authorized Person Additional Comments: Indicate Full Name of Authorized Person 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: POST Received: Signature: Proof of identify received/confirmed Proof of identity received/confirmed Source of Information for Transcript: Service Desk Ref. #: Completed by: Date: Cell: () Home: () E-Mail: Phail: Reason for Request: (If known) Home: () E-Mail: Phail: Prod Bate () Hall OR EMAIL To Other: (If mailing to more than one location, provide details reverse) Name Mailing Address City Prov. Postal Code Email Address: Post-Secondary Ref. No (If applicable) Proof of identity received/confirmed Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	Last Occasions Och a Latin		Lost Voor of Attendance		LIDSP Student Number:			TN. Ontario Education Number	
Reason for Request: University College Re-entry Employment Other (Please specify):	Last Secondary School Attended:		Last Year of Attendance:						
Reason for Request: University									
Reason for Request: University College Re-entry Employment 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: MAIL OR EMAIL To Applicant (at address indicated above) To Other: (if mailing to more than one location, provide details reverse) 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: FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	Current Mailing Address:		City/Province:		Postal Code:		Cell: ()		
Reason for Request: University College Re-entry Employment 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: MAIL OR EMAIL To Applicant (at address indicated above) To Other: (if mailing to more than one location, provide details reverse) Name Mailing Address Name Mailing Address City Prov. Postal Code Email Address: Signature: FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash Cheque School Cash Online Signature Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:								Home: ()	
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: PICKUP By Applicant By Other: Indicate Full Name of Authorized Person Additional Comments: Indicate Full Name of Authorized Person 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: POR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash							E-Ma	E-Mail:	
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: MAIL OR EMAIL To Applicant (at address indicated above) To Other: (if mailing to more than one location, provide details reverse) Name 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: FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash	Reason for Request:								
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: PICKUP	University College Re-entry Employment Other (Please specify):								
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:									
PICKUP By Applicant Indicate Full Name of Authorized Person Additional Comments: Indicate Full Name of Authorized Person 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: POR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash	DISTRIBUTION INFORMATION (Please Print)								
PICKUP By Applicant Indicate Full Name of Authorized Person Additional Comments: Indicate Full Name of Authorized Person 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: FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash	No. of Transcripts Required: I, the undersigned do hereby authorize the Halton District School Board Date:							ate:	
By Applicant To Applicant (at address indicated above) To Other: (if mailing to more than one location, provide details reverse) To Other: (if mailing to more than one location, provide details reverse) Name Mailing Address Mailing Address Mailing Address Mailing Address Prov. Postal Code									
By Other: To Applicant (at address indicated above) By Other: To Other: (if mailing to more than one location, provide details reverse) Additional Comments: Name 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: Post-Secondary Ref. No (if applicable) FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Proof of identity received/confirmed Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	Signature:								
By Other: To Applicant (at address indicated above) By Other: To Other: (if mailing to more than one location, provide details reverse) Additional Comments: Name 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: Postal Code Email Address: Post-Secondary Ref. No (if applicable) FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Proof of identity received/confirmed Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	PICKUP MAIL OR EMAIL								
By Other: To Other: (if mailing to more than one location, provide details reverse) To Other: (if mailing to more than one location, provide details reverse) Additional Comments: Name Name Applicant will be notified when transcript is available for pick up. Two pieces of identification must be presented to obtain OST. City Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) Prov. Postal Code Email Address: Post-Secondary Ref. No (if applicable) Proof of identity received/confirmed Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:					To Applicant (at address indicated above)				
Indicate Full Name of Authorized Person 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: Post-Secondary Ref. No (if applicable) Payment received: Amount: \$ Cash									
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: Signature: Post-Secondary Ref. No (if applicable) FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	By Other:								
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: Post-Secondary Ref. No (if applicable) FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash	,								
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: Signature: Post-Secondary Ref. No (if applicable) Payment received: Amount: \$ Cash	Additional Comments:				Name				
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: Signature: Post-Secondary Ref. No (if applicable) Payment received: Amount: \$ Cash									
Date OST Received: Signature: Signature: Post-Secondary Ref. No (if applicable) Payment received: Amount: \$ Cash	Applicant will be notified when transcript is available for pick					Mailing Address			
Date OST Received: Email Address:									
Signature:	Date OST Received:			City Prov. Postal Code					
Post-Secondary Ref. No (if applicable) FOR OFFICE USE ONLY (To be completed by Office Personnel) Payment received: Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:						Email Address:			
Payment received: Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	Olgitataio.				Post-Secondary Ref. No (if applicable)				
Payment received: Amount: \$	EOD OFFICE USE ONLY /To be completed by Office Percennell								
Amount: \$ Cash Cheque School Cash Online Signature of Office Personnel Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	TOR OTTIOL GOL ONLT (To be completed by Office Personnel)								
Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	Payment received: Proof of identity received/confirmed								
Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:									
Source of Information for Transcript: Service Desk Ref. #: Completed by: Date prepared:	Amount: \$ Ca	ash 🚨 Cl	neque School (Cash On					
	Course of Information for Trans	oorint:	Sonias Deals	Dof #:	Commi				
	_			IXEI. #.	Compi	eleu by.		Date prepareu.	

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.