



TRANSCRIPT REQUEST FORM

TRANSCRIPT FEE: \$15.00 for the first copy, \$5.00 for each additional copy to a maximum of \$20.00.

Note: Your transcript request will be processed within 48 hours of receipt of this completed form, as well as the applicable non-refundable fee(s) and photo ID containing your name and date of birth.

APPLICANT INFORMATION (Please Print)

Form with fields for Last Name, First Name, Middle Name, Gender, Date of Birth, Last Secondary School Attended, Last Year of Attendance, WRDSB Student Number, OEN - Ontario Education Number, Current Mailing Address, City/Country, Postal Code, Home, Bus, Fax, E-Mail, Reason for Request (University, College, Re-entry to Secondary School, Employment, Other).

DISTRIBUTION INFORMATION (Please Print)

Form with fields for Number of Transcripts Required, Signature, Date, and authorization text: 'I, the undersigned do hereby authorize the Waterloo Region District School Board to release a copy of my transcript(s) as indicated below:'

PICKUP

Form with checkboxes for 'By Applicant' and 'By Other: (indicate Full Name of Authorized Person)'

Additional Comments:

Applicant will be notified when transcript is available for pick up. One piece of identification must be presented to obtain Transcript.

Date OST Received:

Signature:

MAIL OR FAX

Form with checkboxes for 'To Applicant (at address indicated above)' and 'To Other: (if mailing to more than one location, provide details on reverse)'

Name

Mailing Address

City Province Postal Code

Fax #:

Post-Secondary Ref. No (if applicable)

FOR OFFICE USE ONLY (To be completed by Staff)

Form with fields for Payment received, Amount, Cash, Money Order.

Form with fields for Proof of identity received/confirmed, Signature of Office Personnel, Date.