



Dufferin-Peel Catholic District School Board

40 Matheson Boulevard West, Mississauga, Ontario L5R 1C5, Tel:(905)890-1221, Fax:(905)890-7610

TRANSCRIPT REQUEST FORM

Date of Request: _____

APPLICANT INFORMATION – Please Print:

Last Name: _____	First Name: _____
Middle Name: _____	Other Names Used: _____
Last Name (while in school): _____	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: _____
Current Mailing Address: _____	

Telephone No: Home: _____	Business: _____
Cell No: _____	

Last Secondary School Attended: _____	Last Year of Attendance: _____
D-P Student Number (if known): _____	OEN (if known): _____

DISTRIBUTION INFORMATION – Please Print:

Number of Transcripts Required: _____
<i>I, the undersigned, do hereby authorize the Dufferin-Peel Catholic District School Board to release a copy of my Student Transcript(s) as indicated below:</i>
Signature: _____ Date: _____

PICK-UP

By Applicant: <input type="checkbox"/>	
By Other: <input type="checkbox"/>	Indicate full name of Authorized Person: _____
Additional Comments: _____	

Applicant will be notified when Transcript is available for pick-up. One piece of photo identification must be presented to obtain the Transcript.	
Date OST Received: _____	Signature: _____

MAIL OR FAX:

To Applicant (at address indicated above): <input type="checkbox"/>
To Other: (if mailing to more than one location, provide details on reverse): <input type="checkbox"/>
Name: _____
Mailing Address: _____

Fax Number: _____
Post-Secondary Reference Number (if applicable): _____

**PLEASE TURN OVER FOR SECTION –
FOR OFFICE USE ONLY:** (To be completed by Office Staff)

ORDERING A TRANSCRIPT

A *Request for Student Transcript* Form is required when ordering a Transcript, whether it is being ordered in person, by phone, by fax or by mail. As well, for verification, government photo identification containing your name, signature and date of birth is required.

Transcripts are prepared in the order in which requests are received. Normal processing time is approximately two (2) weeks from the time completed documents are received.

Fees –

Fees only apply to those students who have graduated/withdrawn from a secondary school for over one year. However, fees apply for additional copies.

For former students, who have graduated/withdrawn from secondary school within the past five (5) years, the fee is \$10.00 for the first copy and \$5.00 for each additional copy. For former students, who have graduated/withdrawn from secondary school more than five years (where records are transferred to Archives), the fee is \$20.00 for the first copy and \$5.00 for each additional copy.

The above fees are inclusive of regular postage. Any costs incurred for premium shipping (courier, express post, etc.) will be the responsibility of the applicant.

Acceptable Payment -

Cash, certified cheque or money order (payable to the Dufferin-Peel Catholic District School Board) is accepted. In addition, if being provided by the Guidance Department, Visa/MasterCard/Debit may be an option. Please note that the applicable Transcript fee and required documentation must be received before your request will be processed.

Ordering –

If ordering by mail or fax, complete the *Transcript Request Form*, attach a copy of your photo government identification (containing picture, date of birth and signature), and mail with your payment.

If ordering by phone, contact the Guidance Department of your last school attended or if ordering during the summer when schools are closed, contact the ICT Department at the Catholic Education Centre (905-890-0708 X20182 or Toll Free at 1-800-387-9501). Please be prepared to provide your first and last name (known in secondary school), date of birth, the year or approximate year you graduated/withdrawn from school. Bring with you the applicable fee and one piece of photo government identification. You will be required to complete the *Transcript Request Form*.

If you designate someone to pick-up your Transcript on your behalf, complete the 'pick up' section of the form. If your request is by mail or fax, attach a copy of your government identification (containing picture, date of birth and signature), to the completed form, and ensure your designate has the payment. As well, identification of the person picking up the Transcript must be shown.

Further details you wish to provide: _____

FOR OFFICE USE ONLY: *(To be completed by Office Staff)*

Payment Received – Amount: \$ _____ No Fee Required

Cash Money Order Debit Visa/MasterC _____
(Number and Expiry Date)

Name of Office Staff who Verified the Photo ID: _____

Signature of Office Staff who Verified the Photo ID: _____

Date: _____

Municipal Freedom of Information and Protection of Privacy Act: Personal information on this form is collected under the authority of the Education Act, R.S.O.1990, c.E.2. It will be used to issue a Student Transcript. If you have any questions about this collection, contact the Privacy and Access/Policy Services Officer at (05) 890-0708 X24443.