

TRANSCRIPT REQUEST FORM

APPLICANT INFORMATION – Please Print:

Date of Request: _____

Last Name: _____ First Name: _____

Middle Name: _____ Other Names Used: _____

Last Name (while in school): _____

Gender: Male Female Date of Birth (DD/MM/YYYY): _____

Current Mailing Address: _____

Home #: _____ Business #: _____ Cell: _____

Last Secondary School Attended: _____ Last Year of Attendance: _____

Student Number (if known): _____ OEN (if known): _____

DISTRIBUTION INFORMATION – Please Print:

Number of Transcripts Required: _____

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:

Signature: _____ Date: _____

PICK-UP:

By Applicant: By Other: Full Name of Authorized Person: _____

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:

To Applicant (at address indicated above):

To Other: (if mailing to more than one location, provide details below):

Name: _____

Mailing Address: _____

Post-Secondary Reference Number (if applicable): _____

ORDERING A TRANSCRIPT

A *Request for Student Transcript Form* is required when ordering a Transcript, whether it is being ordered in person, by phone 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Fees only apply to those students who have graduated/withdrawn from a secondary school for over one year.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For former students, who have graduated/withdrawn from secondary school within the past five (5) years, the fee is \$10.00 for the first copy and \$5.00 for each additional copy. For former students, who have graduated/withdrawn from secondary school more than five years (where records are transferred to Archives), the fee is \$20.00 for the first copy and \$5.00 for each additional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, 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 ext. 20182 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, 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.

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

Payment Received: Amount: \$ _____ No Fee Required:

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

Name of Office Staff who Verified the Photo ID: _____

Signature of Office Staff who Verified the Photo ID: _____

Date: _____