CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

REQUEST FOR TRANSCRIPT

Authorization and Consent

TRANSCRIPT FEE: $5.00

NOTE: Your transcript request will not be processed until receipt of this completed formwith 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 Name: Last/Family Name (while in school):	First Name: Other Names Used:	Middle Name: Gender: ☐ M ☐ F	Date of Birth (year/month/day)

Last Secondary School Attended:	Last Year of Attendance:	CDSBEO Student Number: (if known)	OEN-Ontario Education Number: (if known)

Current Mailing Address:	City/Country:	Postal Code:	Home Tel: Business Tel: Fax: Email:

Distribution Information (Please print)

No. of Transcripts Required:	I, the undersigned do hereby authorize the CDSBEO to release a copy of my student transcript(s) as indicated below: Signature:	Date:

PICKUP: ☐ By Applicant ☐ By Other Indicate Full Name of Authorized Person: Additional Comments: ***Applicant will be notified when transcript is available for pickup Two pieces of indentification must be presented to obtain OST.*** Date OST Received: Signature:	**MAIL:** ☐ To Applicant (at address indicated above) ☐ To Other: (if mailing to more than one location, provide details on reverse) Name: Mailing Address: City: Prov.: Postal Code: Fax #: Post-Secondary Ref. No (if applicable):

For Office Use Only (to be completed by Office Personnel)

Payment Received Amount: $ ☐ Cash ☐ Money Order Completed by:	☐ Proof of identity received/confirmed Signature of Office Personnel: Date Prepared: