

**HALTON DISTRICT SCHOOL BOARD
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 Name: <i>Last/Family Name: (while in school)</i>	First Name: <i>Other Names Used:</i>	Middle Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: <i>(year/month/day)</i>
Last Secondary School Attended:		Last Year of Attendance:	HDSB Student Number: <i>(if known)</i>	OEN –Ontario Education Number: <i>(if known)</i>
Current Mailing Address:		City/Country:	Postal Code:	Home: () Bus: () Fax: () E-Mail:
Reason for Request: <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Re-entry <input type="checkbox"/> Employment <input type="checkbox"/> 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:	Date:
Signature:		
<p>PICKUP</p> <input type="checkbox"/> By Applicant <input type="checkbox"/> By Other: _____ Indicate Full Name of Authorized Person	<p>MAIL OR FAX</p> <input type="checkbox"/> To Applicant (at address indicated above) <input type="checkbox"/> To Other: <i>(if mailing to more than one location, provide details reverse)</i>	
Additional Comments: _____	Name: _____	
_____	Mailing Address: _____	
<i>Applicant will be notified when transcript is available for pick up. Two pieces of identification must be presented to obtain OST.</i>	City _____ Prov. _____ Postal Code _____	
Date OST Received: _____	Fax #: _____	
Signature: _____	Post-Secondary Ref. No (if applicable) _____	

FOR OFFICE USE ONLY (To be completed by Office Personnel)

Payment received:	<input type="checkbox"/> Proof of identity received/confirmed
Amount: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order	_____
Signature of Office Personnel	
Source of Information for Transcript: <input type="checkbox"/> Production <input type="checkbox"/> Historical <input type="checkbox"/> OSR	Service Desk Ref. #:
Completed by: _____	
Date prepared: _____	