

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: _____

EMAIL:

Name: _____

Email Address: _____

Post-Secondary Reference Number (if applicable): _____

College/University/Other Institutions Email Address: _____

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): _____

PICK-UP (available at secondary schools only):

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: _____

FEES:

Transcript request fees apply to transcripts prior to the 2024-25 school year. Fees can be paid online through [SchoolCashOnline](#). Transcript Fees: First copy \$20 CDN, additional copies \$5 CDN each.

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 Records Management, Privacy and Access Administrator at 905-890-0708 X24443.