



TRANSCRIPT REQUEST FORM (Summer)

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: _____ 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 1-2 days if ordered in person or by phone, and two (2) weeks if ordered by mail.

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Fees only apply to those students who have graduated/withdrawn from a secondary school for over one year.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 For former students, who have graduated/withdrawn from secondary school within the past five (5) years, the fee is \$10.00 for the first copy and \$5.00 for each additional copy. For former students, who have graduated/withdrawn from secondary school more than five years (where records are transferred to Archives), the fee is \$20.00 for the first copy and \$5.00 for each additional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

Payment

ONLY CASH OR MONEY ORDER (payable to the Dufferin-Peel Catholic District School Board) is accepted.

Ordering

Transcripts may be requested by calling 905-366-5729, following the prompts and leaving a clear and concise voice mail message. Incomplete information may result in a delay processing your transcript.

Bring with you the applicable fee and one piece of photo government identification. You will be required to complete the *Transcript Request Form (Summer)*.

If ordering by mail, complete the *Transcript Request Form (Summer)*, attach a copy of your photo government identification (containing picture, date of birth and signature), and mail with your payment. Please allow at least two weeks to process a transcript.

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

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 Records Management, Privacy and Access Administrator at 905-890-0708 ext. 24443.