



TRANSCRIPT REQUEST FORM

TRANSCRIPT FEE: \$5.00 for the first copy, \$1.00 for each additional copy.

Note: Your transcript request will be processed within 48 hours of receipt of this completed form, as well as the applicable non-refundable fee(s) and photo ID containing your name and date of birth.

APPLICANT INFORMATION (Please Print)

Form with fields for Last Name, First Name, Middle Name, Gender, Date of Birth, Last Secondary School Attended, Last Year of Attendance, WRDSB Student Number, OEN, Current Mailing Address, City/Country, Postal Code, Home, Bus, Fax, E-Mail, and Reason for Request.

DISTRIBUTION INFORMATION (Please Print)

Form with fields for Number of Transcripts Required, Signature, and Date.

Form with PICKUP and MAIL OR FAX sections, including checkboxes for delivery method, additional comments, and contact information.

FOR OFFICE USE ONLY (To be completed by Board Staff)

Form with fields for Payment received (Amount, Cash, Money Order), Proof of identity received/confirmed, Signature of Office Personnel, and Date.