ADMINISTRATIVE PROCEDURE



F2:3 Personal Information Management Transcript Requests Page 1 of 4

1. Purpose

The Ontario Student Transcript (OST) is the official record of a student's academic achievement at the secondary school level in the province of Ontario. Transcripts are required for post-secondary institutions and may be required for many other reasons. If the last high school you attended resided within the Catholic District School Board of Eastern Ontario and you require your Ontario Student Transcript, please refer to the applicable process listed below to request your transcript.

2. Procedure

i. To request your OST for the purpose of applying to an Ontario college through the Ontario College Application Service (OCAS):

As of September 2010, a new online High School Transcript Request service is available to former students of the Catholic District School Board of Eastern Ontario who are applying to an Ontario college through the OCAS (Ontario College Application Service).

To use this service, you must:

- Be a past student of the Catholic District School Board of Eastern Ontario
- Apply to a minimum of one Ontario college
- Pay the college application and transcript fees

Note: you will only need to request one high school transcript. OCAS will forward your transcript to all of your college choices.

Why use this online service?

- The college(s) to which you applied will receive your transcript faster
- You will be able to track the status of your application and transcript request(s) online.
- To order your transcript online, go to ontariocolleges.ca

Please note: If you are currently attending high school within the Catholic District School Board of Eastern Ontario, and are applying to an Ontario college through OCAS (Ontario College Application Service), you do not need to request your transcript. Your transcript information will continue to be forwarded to OCAS on your behalf as it has in the past.

ADMINISTRATIVE PROCEDURE



F2:3 Personal Information Management Transcript Requests Page 2 of 4

ii. To request your OST for all other purposes:

a) Between the months of **late August and June**, please complete our *Request for Transcript Form* (appended to this document).

• In Person:

Submit the completed form and the applicable non-refundable transcript fee (cash or money order) to **the last secondary school** you attended within the board. You will be required to show proof of identity when picking up your OST. If your transcript request form is being submitted by someone other than yourself, you must also attach a photocopy of your proof of identity to the completed request for transcript form.

• By mail:

Please mail the completed form along with the non-refundable transcript fee (money order) and a photocopy of your proof of identity directly to the **last secondary school** you attended within the board. A listing of secondary schools within the Catholic District School Board of Eastern Ontario is included in section 2. ii. b) of this document.

The fee for the first copy of a transcript is \$5.00. Money orders must be made payable to the last secondary school you attended within the board. Please allow one week of processing.

If you have concerns about the information contained on your transcript, please contact the last school you attended.

For those secondary schools that have since closed, the list in section 2. ii. b) displays the location that now houses the transcripts.

b) **During the months of July and August, secondary schools may not be available for processing Ontario Student Transcripts**. If you are unable to obtain your OST from the last secondary school you attended during this time, please complete the *Request for Transcript Form* and the applicable non-refundable transcript fee of \$5.00 for the first copy of a transcript.

• In Person:

Drop off the completed form and the applicable transcript fee (cash or money order) at the Catholic District School Board, to the attention of Carole Flaro, Executive Assistant. You must also attach a photocopy of your proof of identity to the completed request for transcript form and show proof of identify when picking up your OST.

ADMINISTRATIVE PROCEDURE



F2:3 Personal Information Management Transcript Requests Page 3 of 4

• By Mail:

Please mail the completed form along with the applicable non-refundable transcript fee (money order) and a photocopy of your proof of identity to:

Catholic District School Board of Eastern Ontario c/o Carole Flaro Box 2222, 2755 Highway 43 Kemptville, Ontario, K0G 1J0

Please note the following for those students who attended schools that have since closed.

Former School	Records Stored at this location				
Lifelong Learning Centre	School Board satellite office at 835 Campbell				
	Street, Cornwall, ON, K6H 7B7				
	613-933-1720				

If you have attended any of the following schools under the Catholic District School Board of Eastern Ontario, below is the contact information in order to request your transcript:

SCHOOL NAME	CONTACT INFORMATION					
Holy Trinity Catholic Secondary	18044 Tyotown Road, Cornwall, ON, K6H 5R5					
School	613-936-0319					
Notre Dame Catholic High School	157 McKenzie Street, Carleton Place, ON, K7C 4P2					
Notice Dame Catholic High School	613-253-4700					
St. Matthew Catholic Secondary	822 Marlborough Street N., Cornwall, ON, K6H 4B4					
School	613-930-9928					
St. Francis Xavier Catholic School	1235 Russell Road, Hammond, ON, K0A 2A0					
St. Prancis Xavier Catholic School	613-487-2913					
St. John Catholic High School	2066 Scotch Line Road, Perth, ON, K7H 3C5					
St. John Cathone Trigh School	613-267-4724					
St. Joseph's Catholic Secondary	1500A Cumberland Street, Cornwall, ON K6J 5V9					
School	613-932-0349					
St. Luke Catholic High School	4 Ross Street, Smiths Falls, ON, K7A 4L5					
St. Luke Catholic High School	613-283-4477					
St. Mary Catholic High School	40 Central Avenue, Brockville, ON, K6V 4N5					
St. Mary Catholic High School	613-342-4911					
St. Michael's Catholic High School	2755 Highway 43, Kemptville, ON, K0G 1J0					
St. Michael's Camone High School	613-258-7232					
C4 The second Associate Cashelli C 1 1	1211 South Russell Road, Russell, ON K4R 1E5					
St. Thomas Aquinas Catholic School	613-445-0810					
	I .					



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 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)

AFFLICANT INFORMATION	(Flease	; Fillit)								
Last Name:	Firs	First Name:		Middle Name:		Gender:		te of Birth:		
Last/Family Name: (while in school)	Oth	ther Names Used:					(ye	ar/month/day)		
Last Secondary School Attended:		Last Year of Attendance:		CDSBEO Student Number: (if known)		dent Number:	OEN -Ontario Education Number (if known)			
Current Mailing Address:		City/Country:			Postal Code:			Home: () Bus: () Fax: () E-Mail:		
Reason for Request:										
University College Re-entry Employment Other (Please specify):										
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: Date:										
Signa	ture:									
PICKUP	CKUP MAIL									
By Applicant					To Applicant (at address indicated above)					
By Other: —————					To Other: (if mailing to more than one location, provide details reverse)					
Indicate Full Name of Authorized Person				,						
Additional Comments:					Name					
Applicant will be notified when transcript is available for pick			Mailing Address							
up. Two pieces of identification must be presented to obtain OST.			031.	City Prov. Postal Cod						
Date OST Received:										
Signature:					Post-Secondary Ref. No (if applicable)					
				1 000		au y 1101. 110 (ii up	phodbic			
FOR OFFICE USE ONLY (To be completed by Office Personnel)										
Payment received:	7					Proof of identity	receive	d/confirmed		
Amount: \$ Cash Money Order		Signature of Office Personnel								
Completed by:								Date prepared:		