



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

REQUEST FOR TRANSCRIPT

Authorization and Consent

TRANSCRIPT FEE: \$20.00 for the first copy, and \$5.00 for each additional copy order on one request form (Non-refundable)

NOTE: Your transcript request will not be processed until receipt of this completed form with the applicable non-refundable fees and copy of photo ID showing your date of birth. Please allow two weeks for processing.

Applicant Information (Please print)

Last Name: Last/Family Name (while in school):	First Name: Other Names Used:	Middle Name:	Date of Birth (year/month/day)
Last Secondary School Attended:	Last Year of Attendance:	CDSBEO Student Number: (if known)	OEN-Ontario Education Number: (if known)
Current Mailing Address:	City/Country:	Postal Code:	Tel: Email:

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: Signature:	Date:
PICKUP: <input type="checkbox"/> By Applicant <input type="checkbox"/> By Other Indicate Full Name of Authorized Person: Additional Comments: Applicant will be notified when transcript is available for pickup Photo identification must be presented to obtain OST. Date OST Received: Signature:		MAIL: <input type="checkbox"/> To Applicant (at address indicated above) <input type="checkbox"/> To Other: (if mailing to more than one location, provide details below) Name: Mailing Address: City: Prov.: Postal Code: Fax #: Post-Secondary Ref. No (if applicable):

For Office Use Only (to be completed by Office Personnel)

Payment Received Amount: \$ <input type="checkbox"/> Cash <input type="checkbox"/> Money Order Completed by:	<input type="checkbox"/> Proof of identity received/confirmed Signature of Office Personnel: Date Prepared:
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