

IS-10-C TRANSCRIPT REQUEST FORM

TRANSCRIPT FEE: \$15.00 for the first copy, \$5.00 for each additional copy, to a maximum of \$20.00.

Note: Your transcript request will be processed <u>within 48 hours</u> 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)								
Last Name:	First Name:	irst Name:		:	Gender:	Date of B	irth:	
						(year/moi	nth/day)	
Last Names (while in a feet)	Oth an Niaman				M] F		
Last Name: (while in school) Other N		ner Names Used:						
Last Secondary School Attended:		Last Year of Attendance:		WRDSB Student Number:		OEN -Ontario Education Number: (if		
					rn)	known)		
Current Mailing Address:	City/	Country:			Postal Code:	Home: ()		
Current Mailing Address: City/Country:				Bus: ()				
					Fax: ()	` '		
						E-Mail:		
Reason for Request:								
University College Re-entry to Employment Other (Please specify):								
Secondary School								
Coolidary Corroor								
DISTRIBUTION INFORMATION (Please Print)								
Number of Transcripts I, the undersigned do hereby authorize the Waterloo Region District School Board to release a copy of my student transcript(s) as indicated below:								
Troganica. Thy student transcript(s) as indicated below.								
Signature:								
PICKUP				MAIL OR FAX				
D. Andlines				To Applicant (at address indicated should)				
By Applicant				To Applicant (at address indicated above)				
By Other:				To Other: (if mailing to more than one location,				
By Other: (indicate Full Name of Authorized Person)				provide details on reverse)				
Additional Comments:								
				Name				
			_					
Applicant will be notified when transcript is available for pick up.				Mailing Address				
Photo ID must be presented to obtain Transcript.				ig / laures				
	,							
Date OST Received:			City		Pr	ovince	Postal Code	
Oi-market			Fax	# :				
Signature:				Post-Secondary Ref. No (if applicable)				
				Post-Secondary Ref. No (ii applicable)				
			1					
FOR OFFICE USE ONLY (To be completed	d by Board Staff	f)						
Payment received:				Proof o	of identity received/c	onfirmed		
Amount: \$				Ciara - 1	iuro of Office Days	nol		
				Signat	ture of Office Person	IEI		
Cash Money Order				Date:				