



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 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 section for Applicant Information including 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 section for Distribution Information including Number of Transcripts Required, authorization text, Signature, and Date.

PICKUP

Pickup options: By Applicant, By Other (indicate Full Name of Authorized Person)

Additional Comments:

Applicant will be notified when transcript is available for pick up. Photo ID must be presented to obtain Transcript.

Date OST Received:

Signature:

MAIL OR FAX

Mail or Fax options: To Applicant (at address indicated above), To Other (if mailing to more than one location, provide details on reverse)

Name

Mailing Address

City Province Postal Code

Fax #:

Post-Secondary Ref. No (if applicable)

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

Form section for Office Use Only including Payment received (Amount, Cash, Money Order), Proof of identity received/confirmed, Signature of Office Personnel, and Date.