

Simcoe County District School Board REQUEST FOR TRANSCRIPTS

STUDENT INFORMATION: *(Please Print)*

Last Name	First Name/Middle Name
Last Name used during school	Other names used
Current Mailing Address (street, city, postal code)	Mailing address when last attended (if different than current)
Home Phone Cell Phone	Email
Last Secondary School Attended	Last Year of Attendance
OEN – Ontario Education Number <i>(if known)</i>	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth <i>(year/month/day)</i>

AUTHORIZATION *(To be completed by student)*

Signature of applicant:	# of originals requested: Fee: \$10.00 per copy
-------------------------	---

Checklist of Forms and Supporting Documentation *(to be completed and submitted by student)*

- Completed Request Form
- Completed Signed Authorization Form required for release to a third party ([Link to Website](#))
- Photo Identification of requester
- Photo identification of third party (required when a third party is authorized to pick up a transcript)
- Fees – cash or cheque or money order

During the school year and the first week in July and the last week in August, requests are processed by the school. Refer to the Board website for school names and addresses. ([School Directory](#))

During the second week in July to the third week in August, requests are processed at our Education Centre 1170 Highway 26, Midhurst, Ontario. Contact (705) 728-7570 with questions. ([Education Centre Map](#))

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

Payment received:\$ _____	Verified by:
Date:	<input type="checkbox"/> Photo identification
Signature:	<input type="checkbox"/> Other data elements, i.e. courses taken, place of birth, etc. to be used when original photo identification is not possible. Refer to APM XXX , section.