

REQUEST FOR TRANSCRIPTS AND/OR EDUCATION VERIFICATION

A. APPLICANT INFORMATION: (Please Print)

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

B. DOCUMENTS REQUESTED (Check the applicable boxes)

<input type="checkbox"/> Ontario Student Transcript (OST) # of originals required _____ Fee: \$10.00 first, \$5.00 each additional. Max \$20.00	<input type="checkbox"/> Letter or Form (Please be specific and include addressee where required.)
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C. IDENTITY VERIFICATION

PICKUP <input type="checkbox"/> By Applicant <input type="checkbox"/> *Third Party Name: _____ (requires completed authorization to release to third party form)
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D. AUTHORIZATION (To be completed by applicant)

Signature of applicant: _____

Checklist of Forms and Supporting Documentation (to be completed and submitted by all applicants)

<input type="checkbox"/> Completed Request For Transcripts and/or Education Verification Form <input type="checkbox"/> Completed Signed Consent to Release to Third Party Form required for release to a third party <input type="checkbox"/> Photo Identification of Requester <input type="checkbox"/> Photo Identification of Third Party (required when a third party is picking up a transcript) <input type="checkbox"/> Fees – cash or cheque (to be received prior to release of transcript)
<p>During the school year, the first week in July, and the last week in August, requests are processed by the school the student attends or last attended. Refer to the Board website for school names and addresses.</p> <p>From the second week in July to the third week in August, requests are processed at the Simcoe County District School Board Education Centre 1170 Highway 26, Midhurst, Ontario. Contact (705) 728-7570 with questions.</p>

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

Payment received:\$ _____ Date: _____ Signature: _____	Verified by: <input type="checkbox"/> Photo identification <input type="checkbox"/> Data elements used for verification. i.e. courses taken, place of birth, etc. (to be used when original photo identification is not possible). Refer to APM A1456, section 7.1.3.
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The information collected on this form is collected in accordance with the *Education Act* and is subject to the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection of this personal information should be directed to the FOI/RM Officer, Simcoe County District School Board, 1170 Highway 26, Midhurst, ON L0L 1X0 (705) 734-6363 ext. 11265.