

REQUEST FOR TRANSCRIPTS AND DUPLICATE DIPLOMAS

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|---|--|
| 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 |
| Date of Birth (year/month/day) | OEN – Ontario Education Number (if known) |

DOCUMENT INFORMATION

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| <p>Fee: \$15.00 per copy</p> <p><input type="checkbox"/> Ontario Student Transcript # of originals requested: _____</p> <p><input type="checkbox"/> Duplicate Diploma</p> | <p><input type="checkbox"/> Mail to the current mailing address above</p> <p><input type="checkbox"/> Mail to this address: _____</p> <p>_____</p> <p><input type="checkbox"/> Email to the Email address above (a paper copy will not be mailed to you)</p> |
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CHECKLIST OF FORMS AND SUPPORTING DOCUMENTATION (to be completed and submitted by student)

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| <p><input type="checkbox"/> Completed and Signed Request Form</p> <p><input type="checkbox"/> Completed Signed Authorization Form required for release to a third party (Link to Website)</p> <p><input type="checkbox"/> Photo Identification of requester</p> <p><input type="checkbox"/> Photo identification of third party (required when a third party is authorized to pick up a transcript)</p> <p><input type="checkbox"/> Fees <input type="checkbox"/> cash <input type="checkbox"/> cheque or <input type="checkbox"/> School Cash Online</p> <p>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.</p> |
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AUTHORIZATION

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY (to be completed by board staff)

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|----------------------------|--|
| 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 A1456, section 7.1.3. |

The information collected on this form 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 Controller, Simcoe County District School Board, 1170 Highway 26, Midhurst, ON L9X 1N6 (705) 734-6363, ext. 11254.