



TRANSCRIPT REQUEST FORM



A. APPLICANT INFORMATION:

Last Name: _____

First Name: _____

Last Name/Family Name Used while in School: _____

Gender: MALE FEMALE

Date of Birth: ____/____/____
 YYYY / MM / DD

Current Home Address: _____

Street Number & Name _____

APT.#, City, Province _____

Postal Code _____

Telephone Number during the day: _____

***APPLICANT'S SIGNATURE (MANDATORY):** _____

C. FORM OF PAYMENT:

FEE: \$24.00 for one copy and \$10.00 for each additional copy.

Payable to: TORONTO CATHOLIC DISTRICT SCHOOL BOARD or TCDSB

Payment enclosed: Cheque Money Order Bank Draft

This form to be sent with payment to: Archives & Records Management Dept.
Toronto Catholic District School Board
80 Sheppard Avenue East
Toronto, Ontario M2N 6E8
Attention: STUDENT TRANSCRIPTS

Personal information in this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2. The Ontario Student Record Guideline, 2000, will be used to locate and create the Ontario Student Transcript. The personal information you provide us is protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c. M.56. and will only be used for the purpose for which the information has been collected.

LAST SECONDARY SCHOOL ATTENDED: _____

Print name of school

Last Year Attended: _____

Did you Graduate?: YES NO

TOTAL NUMBER OF TRANSCRIPTS REQUIRED: _____

Individually Sealed: YES NO

B. DISTRIBUTION INFORMATION:

Mail to Current Address PICKUP

Mail to address below if different than home address:
(if more than one destination attach list to this form)

Special instructions: _____

FOR OFFICE USE ONLY