

Signature:

## Simcoe County District School Board REQUEST FOR TRANSCRIPTS AND DUPLICATE DIPLOMAS

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 **Email** Cell Phone Last Year of Attendance OEN - Ontario Education Number (if Last Secondary School Attended known) Date of Birth (year/month/day) Sex □ Female Male **AUTHORIZATION DOCUMENTS REQUESTED** (Check the appropriate boxes) Ontario Student Transcript Signature of applicant: # of originals requested: ☐ Duplicate Diploma # of copies 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) Verified by: Payment received:\$ ☐ Photo identification Date: 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.