Toronto District School Board

CENTRAL TRANSCRIPT OFFICE

REQUEST FOR TRANSCRIPT

Date Received

Note: $24.00 for one copy, and $5.00 for each additional transcript
Attach a copy of photo id that shows your Date of Birth

Note: US residents that do not have access to Canadian money orders, may submit a $27.00 US International money order for one copy of a transcript, payable to the Toronto District School Board. The fee for each additional copy, after the first one, will be $12.00 US (or pay by Visa or MasterCard)

Email Address:

Please read

Fax Number

416-396-6713

When faxing/mailing in your application, please remember to :

1.Sign the request form – AND -

2.Sign for the VISA/MasterCard payment

3. Include a copy of your photo ID

Student Number *(TDSB)*:

A APPLICANT INFORMATION

Last Name	First Name	Gender ☐ M ☐ F	DOB (yy, Month, dd)
Last Name or Family Name *(while in school)*	Other Names Used:		

Last Secondary School Attended	Last Grade Completed	Year of Graduation / Retirement

Current Home Address	Apt#	City	Prov/Country	Postal Code.	Telephone No.
					Home ( )
					Business ( )

Reason for Request

☐ Post Secondary ☐ Re-Entry ☐ Employment ☐ Other (Please specify:)

No. of Transcripts Required: $24 for one copy and $5 for each additional	Fee:	University or College Reference No. *(if applicable)*

B DISTRIBUTION INFORMATION

☐ **PICKUP**

☐ by Applicant ☐ photo ID (required) ☐ Birth Certificate

☐ by Other *(indicate full-name)* _____

☐ letter with signature

☐ **MAIL** *(one to home address above and/or to the following)*

☐ Address: _____

_____

_____

☐ **Embossed Sealed Envelope**

APPLICANTS SIGNATURE: _____

VISA or MasterCard Payments (For faxed and mailed in requests only)

Card Holders Name: _____ Signature: _____

Card Type: Card Number: Expiry Date: (mm/yy)

C FORM OF PAYMENT *(To be completed by office personnel.)* **No personal cheques will be accepted.**

This form should be returned with payment payable to the **TORONTO DISTRICT SCHOOL BOARD**.

☐ Cash ☐ **Certified Cheque/**Money Order ☐ VISA/MasterCard/Debit Fee Rendered: $ Date:

_____ _____ _____

Signature of Office Staff *Completed* *Other notes(card approval, etc.)*

D FOR OFFICE USE ONLY (*Check areas searched.)*

Source of Information for Transcript:

☐ Trillium ☐ Report Generator ☐ Film ☐ Fiche ☐ Digital ☐ OSR ☐ School

COLLECTION NOTICE FOR TRANSCRIPTS INTAKE-PERMISSION FORM

The personal information you have provided is collected under the authority of sections 58.5(1) and 265(d) of the Education Act, R.S.O. 1990, c.E2, as amended. The information will be used as necessary for the retrieval of your record and the processing of your request as well as for statistical and administrative uses related to transcript services. **For further information, please contact the Central Transcript Office at 416-396-4783. Please mail the completed form to the Central Transcript Office 140 Borough Drive Level 3 Scarborough ON M1P 4N6. Attach a certified cheque or money order payable to the Toronto District School Board along with a copy of photo id. Please be aware that the fee for a search of Student Transcript information is non-refundable.**