



UPPER GRAND DISTRICT SCHOOL BOARD

REQUEST FOR ONTARIO STUDENT TRANSCRIPT OR REPLACEMENT DIPLOMA

☐ Ontario Student Transcript

☐ Replacement Diploma

PROCEDURE: *This form may be submitted as an online form or printed and signed.*

1. Complete this form, certifying the personal information being provided (as an adult over 18, or on behalf of a person as a guardian) with a signature or by checking the box below.
2. Submit the form to the last school attended with amount due (payable to the school).

NOTE: Transcript requests made by a third party must include an "authorization to release personal information" signed by the client/past student.

PERSONAL INFORMATION: *(Please print or enter electronically)*

_____ <i>Surname</i>	_____ <i>First Name</i>	_____ <i>Former Legal Name, if any</i>	_____ <i>Date of Birth (yyyy/mm/dd)</i>
_____ <i>(best time)</i>			
_____ <i>Name of Last School Attended</i>	_____ <i>Final Year</i>	_____ <i>Telephone number to contact for clarification</i>	

COST:

Note: Present students are not charged for transcripts. Charges apply to students retired for one year or more. Past students or third party reps with consent will be charged at the rate below, inclusive of regular postage to Canada and the United States. Costs incurred for premium shipping (courier, express post, etc.) or to International addresses will be the responsibility of the applicant and will be arranged with the sender.

Number of Copies: _____ **@ \$20 first copy (+ \$5 additional transcript) = \$**_____ **Total Amount Due ***

*** Payment in the form of debit/credit at the school or online payment (options on school website), or cash is required before the request is processed. Multiples must be ordered at the same time.**

DISTRIBUTION INFORMATION:

<input type="checkbox"/> PICK UP (photo ID required) <input type="checkbox"/> By applicant or <input type="checkbox"/> By Other If Other: I authorize release of record to: Full name _____ _____ Signature of above authorized individual picking up the record (signed at pick up)	OR <input type="checkbox"/> MAIL to name and address below: Certification box below must be checked confirming ID See note above for premium/International shipping charges. _____ _____ _____ If entering an email address, you agree to the risks involved.
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CERTIFICATION OF INFORMATION for personal request for transcript:

☐ **By checking this box and/or signing below, I certify the information given to be true.**

APPLICANT'S SIGNATURE: _____ **DATE:** _____

The authorization for the collection of this information is in the Education Act and Ontario Student Record Guidelines. The purpose is to receive application for the release of school records. School Administrative Staff will be the primary users of this information. Contact person for queries is the School Principal.

FOR SCHOOL USE ONLY

☐ Transcript/Diploma Delivered

Staff Signature: _____

☐ Transcript/Diploma Picked Up & Identification Reviewed

Date: _____