



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 →

Student Number (TDSB):

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

A APPLICANT INFORMATION

Last Name		First Name			Gender	DOB (yy, Month, dd)
Last Name or Family Name <i>(while in school)</i>		Other Names Used:			<input type="checkbox"/> M <input type="checkbox"/> F	
Last Secondary School Attended			Last Grade Completed		Year of Graduation / Retirement	
Current Home Address		City	Prov/Country	Postal Code.	Telephone No.	
Apt#					Home ()	
					Business ()	
Reason for Request						
<input type="checkbox"/> Post Secondary	<input type="checkbox"/> Re-Entry	<input type="checkbox"/> Employment	<input type="checkbox"/> Other (Please specify:)			
No. of Transcripts Required:		Fee:	University or College Reference No.			
\$24 for one copy and \$5 for each additional			<i>(if applicable)</i>			

B DISTRIBUTION INFORMATION

<input type="checkbox"/> PICKUP	<input type="checkbox"/> MAIL <i>(one to home address above and/or to the following)</i>					
<input type="checkbox"/> by Applicant	<input type="checkbox"/> photo ID (required)	<input type="checkbox"/> Address: _____				
	<input type="checkbox"/> Birth Certificate	_____				
<input type="checkbox"/> by Other <i>(indicate full-name)</i> _____		_____				
<input type="checkbox"/> letter with signature			<input type="checkbox"/> 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.						
<input type="checkbox"/> Cash	<input type="checkbox"/> Certified Cheque/Money Order	<input type="checkbox"/> VISA/MasterCard/Debit	Fee Rendered: \$		Date:	
_____	_____	_____	_____	_____	_____	_____
<i>Signature of Office Staff</i>			<i>Completed</i>		<i>Other notes(card approval, etc.)</i>	

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

Source of Information for Transcript:						
<input type="checkbox"/> Trillium	<input type="checkbox"/> Report Generator	<input type="checkbox"/> Film	<input type="checkbox"/> Fiche	<input type="checkbox"/> Digital	<input type="checkbox"/> OSR	<input type="checkbox"/> 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.