



REQUEST FOR TRANSCRIPT

Note: \$24.00 for one copy, and \$5.00 for each additional transcript
Attach a copy of your government issued signed photo ID

Date Received _____

Due to the closure of schools and administration buildings, we are not open for public access

Email Address:

Please read →

Fax Number 416-396-6713 E-mail transcript@tdsb.on.ca
<small>When faxing/emailing your application, please remember to:</small> <ol style="list-style-type: none"> 1. Sign the request form 2. Sign for the VISA/MasterCard payment 3. Include a copy of your government issued signed photo ID

TDSB Student Number (optional):

A APPLICANT INFORMATION

Last Name		First Name			Gender <input type="checkbox"/> M <input type="checkbox"/> F	DOB (yy, Month, dd)
Last Name or Family Name <i>(while in school)</i>		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 <input type="checkbox"/> Post Secondary <input type="checkbox"/> Re-Entry <input type="checkbox"/> Employment <input type="checkbox"/> Other (Please specify:)						
No. of Transcripts Required: \$24 for one copy and \$5 for each additional		Fee:		University or College Reference No. <i>(if applicable)</i>		

B DISTRIBUTION INFORMATION *(If you select email or employment letter option, you will not receive an official transcript)*

<input type="checkbox"/> EMAIL (to post-secondary institutions ONLY)	<input type="checkbox"/> MAIL (one to home address above and/or to the following)
<input type="checkbox"/> Email Address: _____	<input type="checkbox"/> Address: _____
<input type="checkbox"/> PROOF OF GRADUATION LETTER (ONLY)	_____
<input type="checkbox"/> Email Address: _____	<input type="checkbox"/> Embossed Sealed Envelope
APPLICANTS SIGNATURE: _____	

VISA or MasterCard Payment

Card Holders Name: _____		Card Holders Signature: _____		
Card Type:	Card Number:	CSC #	Expiry Date:	(mm/yy)

C FOR OFFICE USE ONLY *(To be completed by office personnel.)*

This form should be returned with only sections A and B, completed.		
Fee Rendered: \$		Date:
_____	_____	_____
<i>Signature of Office Staff</i>	<i>Completed</i>	<i>Other notes(card approval, etc.)</i>
<i>(Check areas searched.)</i>		

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 email the completed form along with a copy of your government issued signed photo ID to the Central Transcript Office at transcript@tdsb.on.ca. Please be aware that the fee for a search of Student Transcript information is non-refundable.**