



NIAGARA CATHOLIC DISTRICT SCHOOL BOARD

ONTARIO STUDENT TRANSCRIPT REQUEST FORM

427 Rice Road, Welland, Ontario L3C 7C1 Telephone (905) 735-0240 Email info@ncdsb.com

TRANSCRIPT FEE: \$10 for the first copy, \$5.00 for each additional copy to a maximum of \$20.00. No fee for email version.

Note: Your transcript request will be processed within 72 hours of receipt of this completed form if an electronic transcript is available and the applicable non-refundable fee(s) and a copy of photo ID containing your name and date of birth have been received. This service will not be available during the last week of July and first week of August (annual Board shut down).

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of The Education Act and will be used for the purpose of providing Ontario Student Transcripts. Questions about this collection should be directed to the Family of Schools Superintendent, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1 905-735-0240

Applicant Information (please print)

Last Name	Given Names (Full name as shown in identity documents)		Male <input type="checkbox"/>
			Female <input type="checkbox"/>
Last Name (while in school)	Other Names Used		Date of Birth (year/month/day)
Last Secondary School Attended	Last Year of Attendance	Niagara Catholic DSB Student No. (if known)	Ontario Education Number (OEN) (if known)
Current Mailing Address	City/Country		Postal Code
Email address	Home Telephone No.	Business Telephone No.	
Reason for Request <input type="checkbox"/> University <input type="checkbox"/> College <input type="checkbox"/> Employment <input type="checkbox"/> Other (Please specify) _____			

DISTRIBUTION INFORMATION (please print)

I, the undersigned, hereby authorize the Niagara Catholic District School Board to release a copy of my student transcript (s) as indicated below:

Number of Transcripts _____ Required

Signature

Date

PICKUP

- By Applicant
- By Other _____
Indicate Full Name of Authorized Person

Additional Comments

Applicant will be notified when transcript is available for pick up. Photo ID must be presented to obtain Transcript.

Signature

Date Ontario Student Transcript Received

MAIL OR EMAIL

- To Applicant (At address indicated above.)
- To Other: (At address indicated below. If mailing to more than one location, provide details on reverse)

Name

Mailing Address

City

Province and Postal Code

Email Address

Post-Secondary Reg. Number (if applicable)

Completed forms and a copy of your photo ID should be returned to your last secondary school attended. During **July and August when school is closed**, please send the completed form and copy of photo ID to info@ncdsb.com.

FOR OFFICE USE ONLY (To be completed by Board Staff)

Payment Received

- Cash
- Money Order

Proof of Identity has been received/confirmed

Signature of Office Personnel

Date