

To request a transcript from 2022-2023 to the current school year, email your completed form with a legible copy of your identification to the last DPCDSB secondary school you attended. To request a transcript from before 2022-2023, email this completed form to transcripts@dpcdsb.org.

APPLICANT INFORMATION

Date of Request: _____			
Last Name: _____		First Name: _____	
Last Name (while in school): _____		Middle Name: _____	
Other Names: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (DD/MM/YYYY): _____		<input type="checkbox"/> Not disclosed <input type="checkbox"/> Self-identified	
Current Mailing Address: _____ _____			
Primary Phone Number: _____		Other Phone Number: _____	

DPCDSB SCHOOL INFORMATION

Last DPCDSB Secondary School Attended: _____		Last Year Attended: _____	
Student Number (if known): _____		OEN (if known): _____	

DISTRIBUTION INFORMATION

Number of Transcripts Required: _____			
I, the undersigned, do hereby authorize the Dufferin-Peel Catholic District School Board (DPCDSB) to release a copy of my Ontario Student Transcript(s) as indicated below (check all that apply):			
<input type="checkbox"/> Email to post-secondary institution(s)	<input type="checkbox"/> Mail to me	<input type="checkbox"/> Mail to post-secondary institution(s)	<input type="checkbox"/> Pick up
Signature: _____		Date: _____	

Please complete the email, letter mail, or pick-up instructions on the following page. Note that space is provided for the email and letter mail addresses of up to three institutions, if needed.

EMAIL☐ To post-secondary institution(s)

Post-Secondary Reference Number (if applicable): _____

College/University/Other Institution Email Address (1): _____

College/University/Other Institution Email Address (2): _____

College/University/Other Institution Email Address (3): _____

**LETTER MAIL
(Canada Post)**☐ To applicant (address indicated in
Applicant Information, preceding page)☐ To post-secondary institution(s)

Post-Secondary Reference Number (if applicable): _____

Institution Name (1): _____

Mailing Address (1): _____

Institution Name (2): _____

Mailing Address (2): _____

Institution Name (3): _____

Mailing Address (3): _____

PICK-UP (Catholic Education Centre or last school attended)☐ By applicant☐ By other

Full Name of Authorized Person to Pick Up Transcript: _____

Applicant will be notified when transcript is available for pick-up. One piece of photo identification must be presented to obtain the Transcript.

Date Transcript

Received: _____ Signature: _____

FEES: Transcript request fees apply to transcripts from prior to the current school year. Fees can be paid online through [SchoolCashOnline](#). **Transcript Fees:** First copy CAD \$20.00; additional copies CAD \$5.00 each.

Municipal Freedom of Information and Protection of Privacy Act: Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2. It will be used to issue a Student Transcript. If you have any questions about this collection, contact the Records Management, Privacy and Access Administrator at 905-890-0708 X24443.