



TRANSCRIPT ORDER FORM



A. APPLICANT INFORMATION: *Please type*

Last Name: _____

First Name: _____

Last Name/Family Name Used while in School:

Gender: MALE FEMALE

Date of Birth: ____/____/____
 YYYY / MM / DD

Current Home Address:

Street Number & Name

APT.#, City, Province

Postal Code

Telephone Number during the day:

B. LAST SECONDARY SCHOOL ATTENDED:

Print name of school

Last Year Attended: _____

Did you Graduate: YES NO

TOTAL NUMBER OF TRANSCRIPTS REQUIRED: _____


C. DISTRIBUTION INFORMATION:

Mail to Current Address: yes no

Special instructions:
Mail to address below if different than home address: *(if more than one destination attach list to this form)*

D. ELECTRONIC SIGNATURE is MANDATORY

E. FORM OF PAYMENT: FEE: \$25.00 for one copy and \$10.00 for each additional copy, postage included.

 Payment must be made first to the school before the transcript is processed using the link below.

<https://tcdsb.schoolcashonline.com/Fee/Details/28096/185/False/True>

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE GUIDANCE DEPARTMENT ELECTRONICALLY.
EMAIL: DICOSOT@TCDSB.ORG**

Personal information in this form is collected under the authority of the Education Act, R.S.O. 1990, c.E.2. The Ontario Student Record Guideline, 2000, will be used to locate and create the Ontario Student Transcript. The personal information you provide us is protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c. M.56. and will only be used for the purpose for which the information has been collected.

Office Use ONLY