

THE HAMILTON-WENTWORTH DISTRICT SCHOOL BOARD
STUDENT RECORDS DEPARTMENT
P.O. BOX 2558, HAMILTON, ONTARIO L8N-3L1

SCHOOL DIPLOMA REQUEST
Authorization and Consent

ALL APPLICANTS: (please print)

I, the undersigned do hereby consent to the Hamilton-Wentworth D.S.B. releasing a copy of my diploma, as is defined by the Education Act.

Present Name _____

Name Used in School _____

Date of Birth _____

Last High School Attended _____

Last Year of Attendance _____

Telephone (home/work) _____

Reason for Request _____

Date

Signature

I further authorize and direct the Hamilton-Wentworth D.S.B. to forward the said copy of my student diploma to:

Name: _____

Mailing Address/Street/Apt./Unit: _____

City/Province/Postal Code: _____

and this shall be your good sufficient authority for doing so.

- **THE \$30.00 NON-REFUNDABLE FEE FOR STUDENT DIPLOMA MUST BE PAID PRIOR TO PROCESSING.**

I.D. _____		OFFICE USE ONLY			
		PAID \$ _____			
PICK UP:	MON	TUES	WED	THURS	FRI