

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

SCHOOL TRANSCRIPT 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 student transcript, 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

ONLY FILL OUT IF YOU WOULD LIKE YOUR TRANSCRIPT MAILED:

I further authorize and direct the Hamilton–Wentworth D.S.B. to forward the said copy of my student transcript(s) to:

Name: _____

Mailing Address/Street/Apt./Unit: _____

City/Province/Postal Code: _____

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

- **THE \$20.00 NON-REFUNDABLE FEE FOR A STUDENT TRANSCRIPT MUST BE PAID PRIOR TO PROCESSING.**
- **THERE IS A \$5.00 FEE FOR EACH ADDITIONAL COPY IF ORDERED AT THE SAME TIME.**

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