



Request for Ontario Student Transcript

1990 COBDEN ROAD, R.R. 1, DOUGLAS, ONTARIO K0J 1S0
TEL: 613-649-204 - 613-735-7587 FAX: 613-649-2633

Date of Request: _____ No. of Transcripts Requested: _____

Full Name (while in school): _____

Gender: _____ Date of Birth: _____

Current Address: _____

Telephone: _____ Email: _____

Last Secondary School Attended: _____

Last Grade Completed: _____ Year of Leaving/Graduation: _____

Fees are as follows: \$5 for the first copy plus \$1 for each additional copy requested at the same time. If before 1985, the cost is \$10 for the first copy plus \$1 for each additional copy. (Payable by cash, cheque or money order)

Please fax this form to 613-649-2633, or email to smita@rcdsb.on.ca