



**Waterloo Region
District School Board**

TRANSCRIPT/DIPLOMA REQUEST FORM

PROCESSING FEES (if out of school more than one year)

Transcripts: \$15.00 for the first copy & \$5.00 for additional copies up to \$20.00 maximum

Diplomas: \$25.00 each

NOTE: PAYMENT MUST BE RECEIVED BEFORE REQUEST CAN BE PROCESSED. Payment must be made in cash, certified cheque or money order (payable to WRDSB Records Centre). No personal cheques accepted. Fee is non-refundable.

NUMBER OF TRANSCRIPTS REQUIRED: _____ DATE OF REQUEST: _____

NUMBER OF DIPLOMAS REQUIRED: _____

PROCESSING TIME: Transcripts - within 48 hours; Diplomas - 2 to 3 weeks

APPLICANT INFORMATION (Please Print)

Last Name (current):		First Name:	Middle Name:	Date of Birth: (month/day/year)
Last Name: (while in school)		Other Names Used:		
Contact phone #: (include area code)	Last Secondary School Attended:		Last year attended:	Did you Graduate?
E-Mail:	Last Adult Education Centre Attended:		Last year attended:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Request:

Post-Secondary Registration (for colleges/universities outside of Ontario) *NOTE: Secondary school transcripts for Ontario College and University applications, can be ordered when registering through [OCAS \(http://www.ontariocolleges.ca/apply\)](http://www.ontariocolleges.ca/apply) for college and [OUAC \(http://www.ouac.on.ca/\)](http://www.ouac.on.ca/) for university.

Employment Adult Education Registration Other reasons: _____

DISTRIBUTION/PAYMENT INFORMATION

PICK UP: <input type="checkbox"/> by Student <input type="checkbox"/> by Third Party authorized by Student 3 rd Party Full Name: _____ Signature of 3 rd party _____ (to be signed & photo id shown in office upon pick up) NOTE: This section MUST be completed for a 3rd party to pick up any records on behalf of the student.	MAIL TO: Person/Institution: _____ Street #/Street: _____ City: _____ Prov/Postal Code: _____ FAX TO: Person/Institution: _____ Fax #: _____ NOTE: When requesting your document be faxed, please also provide a mailing address and the hard copy will be mailed to you (no additional cost).
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By checking this box, I certify that all information submitted on this form is accurate and that I am the person named on the Transcript/Diploma. I understand that submitting false information with respect to my identity may result in legal action against me.

Signature: _____

Completed Request Forms are to be submitted to the Records Centre via one of the following options:

In Person/Mail: Waterloo Region District School Board Records Centre
51 Ardelt Avenue, Kitchener, ON N2C 2R5

Fax: 519-570-5572
E-mail: records@wrdsb.ca

RECORDS CENTRE CONTACT NUMBER: 519-570-0003, ext. 4343

FOR OFFICE USE ONLY:

Total Fee Rendered \$ _____

Cash - Receipt # _____ Certified Cheque/Money Order # _____ Bank _____

Distribution information: Date Record is Mailed or Faxed _____