

ONTARIO STUDENT TRANSCRIPT (OST) / DUPLICATE DIPLOMA REQUEST FORM

Note: For use ONLY by students who attend or last attended a Renfrew County District School Board (or former Renfrew County Board of Education) secondary school.

Please submit this completed form to the last secondary school attended. Government issued photo identification (driver's licence, passport) is required and must be sent with the form.

Payment must be received before the request can be processed. See Section E for methods of payment accepted.

The cost of mailing an official transcript and/or duplicate diploma via ground mail within Canada and the United States is included in the fee. An additional fee will be charged if you require your official transcript and/or duplicate diploma to be shipped in an expeditious manner (via RCDSB contracted courier service).

A. APPLICANT INFORMATION (To be completed by the applicant)

Date of Request:	Last School Attended:	
Last Grade Completed:	Year Completed:	Date of Birth (MM/DD/YY):
Last Name or Family Name (while in school):	First Name:	Other Names Used:
Current Address (include street #, street name, town/city, country if not Canada, postal code):	Telephone No.:	Email:

B. DOCUMENTS REQUESTED (To be completed by the applicant)

<input type="checkbox"/> ONTARIO STUDENT TRANSCRIPT (OST)*	No. of copies requested:	Fee: * \$10.00 for the first copy \$5.00 for each additional copy	Total Owing:
<input type="checkbox"/> ONTARIO STUDENT TRANSCRIPT (OST)* Embossed (school seal affixed over envelope closure) and sealed envelope	No. of copies requested:	Fee: * \$10.00 for the first copy \$5.00 for each additional copy	Total Owing:
* NOTE: Current students are not charged for on OST, but conditions apply (scholarship/bursary application, post secondary application, military co-operative education)			
<input type="checkbox"/> DUPLICATE DIPLOMA		Fee: \$15	Total Owing:

C. AUTHORIZATION (To be completed by the applicant)

Signature of applicant:	
_____ (Authorizing access to Ontario School Record)	
The personal information provided is collected under the authority of sections 58.5(1) and 265(d) of the <i>Education Act</i> , R.S.O. 1990, c. E.2, as amended. The information will be used as necessary for the retrieval of your academic record and the processing of your request. Questions regarding this collection should be directed to the principal.	

D. DISTRIBUTION INFORMATION (To be completed by the applicant and school personnel)

<input type="checkbox"/> PICK UP by Applicant	<input type="checkbox"/> MAIL to home address and/or <input type="checkbox"/> to the following:
<input type="checkbox"/> OR PICK UP by Other (complete below) I authorize release of the above requested documents to	
(Print full name and relationship)	<input type="checkbox"/> COURIER to home address and/or <input type="checkbox"/> to the following:
(Signature of individual picking up document)	<input type="checkbox"/> COURIER FEE: \$5 for each address
<input type="checkbox"/> Applicant government photo ID provided (required)	<input type="checkbox"/> Government photo ID of designated individual authorized to pick up the documents provided (required)
Date of Pick Up/Mail/Courier: _____ (To be completed by school personnel)	

E. METHOD OF PAYMENT

Make certified cheques and money orders payable to the school. Some schools can process on line payments. For contact information, refer to the school website.

Do not provide credit card information via email or fax.

<u>To be completed by school personnel:</u>		
<input type="checkbox"/> Cash	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order
ONLINE ONLY:		
<input type="checkbox"/> Debit <input type="checkbox"/> Credit Card		
Fee Rendered: \$ _____		
Signature of school personnel _____	Position _____	Date _____

Documents not picked up will be maintained for two months from the date of the request, following which they will be shredded. No refunds are given.