



REQUEST FOR ONTARIO STUDENT ACADEMIC RECORDS

West Carleton Secondary School

Note: If you attended a secondary school after West Carleton please contact that school for your records

Government-issued photo identification (Driver's Licence/Health Card/Passport) is required when requesting/ picking up requested documents. If the request is made by mail, fax or email, a copy of the applicant's identification along with this form must be sent. If the applicant designates another individual to pick up the requested documents (see Section D), the individual must present photo identification at the time of pick-up.

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

Date of Request:		Last School Attended:	
Last Grade Completed:	Year of Graduation / Retirement:	DOB: (Y/M/D):	
Last Name:	First Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
		Home Telephone:	
Last Name or Family Name (while in school):	Other Names Used:	Business Telephone:	
		Cell Phone:	
Current Home Address:	City/Country:	Postal Code:	
Have you taken or are you taking any further high school courses since you retired from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list courses and school:			

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

<input type="checkbox"/> ONTARIO STUDENT TRANSCRIPT (OST) (Within one year of leaving the school, two OSTs are issued free of charge. Subsequent copies are \$5.00 each. Students who have been away from their school for more than one year will be charged \$10.00 for the first copy and \$5.00 for each additional copy.)	No. Requested:	Fee: \$10.00
UNIVERSITY OR COLLEGE REFERENCE NUMBER (if applicable)		
<input type="checkbox"/> DUPLICATE DIPLOMA		Fee: \$24.00
<input type="checkbox"/> LETTER OF ATTESTATION	No. Requested:	Fee: \$10.00
Specify subject matter of letter:		
<input type="checkbox"/> PHOTOCOPIES	Specify:	Fee: To be determined
<input type="checkbox"/> CERTIFICATES (Special Certificates i.e. French, Tech, Business, Art)	Specify:	Fee: \$10.00

REQUEST FOR ONTARIO STUDENT ACADEMIC RECORDS

C. AUTHORIZATION *(To be completed by 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 *Education Act*, R.S.O. 1990, c.E2, as amended. The information will be used as necessary for the retrieval of your academic record and the processing of your request.

D. DISTRIBUTION INFORMATION *(To be completed by applicant and office personnel)*

<input type="checkbox"/> PICKUP by Applicant <input type="checkbox"/> OR PICKUP by Other (Complete below) I authorize release of the above requested documents to _____ <i>(print full name and relationship)</i> _____ <i>(Signature of individual picking up document)</i>	<input type="checkbox"/> MAIL to home address and/or <input type="checkbox"/> to the following: _____ _____ Fax No. (If document to be faxed): _____ Additional Information: _____
<input type="checkbox"/> Government photo ID is presented at pick up by applicant or designated individual (or copy provided by applicant if requested by email/fax) Date of Pickup/Mail: _____ <i>To be completed by office personnel</i>	

E. FORM OF PAYMENT *(To be completed by office personnel)*

Certified cheques/money orders are payable to West Carleton Secondary School.				
<input type="checkbox"/> Cash	<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Debit	Fee Rendered: \$ _____
_____ <i>(Signature of office personnel)</i>	_____ <i>(Position)</i>	_____ <i>(Date)</i>		

Instructions for returning this form:

Please bring or mail the completed form with your payment to: West Carleton Secondary School, 3088 Dunrobin Road, RR#2 Dunrobin, Ontario K0A 1T0

Or you can contact the Guidance Office at 613-832-2773 press 5, if you have any questions!