Lambton Kent District School Board
Student Achievement / Community Success

REQUEST FOR STUDENT RECORD INFORMATION

(In accordance with the Education Act & Ontario Regulations)

A: APPLICANT INFORMATION

Last Name (Surname)	First Name (Given)	Middle Name	Date of Birth (m/d/y)

Last Name used while in school or Maiden Name	Gender: ☐ Male ☐ Female

Last Secondary School Attended (or Elementary)	Last Grade attended	Year of Graduation or Retirement

Current Home Address	City	Province	Postal Code	Telephone No. Home ( ) Business ( )
				E-mail:

Number of Transcripts Required: _____ Fee:
$10.00 per transcript (fee to be remitted before release of information)

B: DISTRIBUTION INFORMATION (To be completed by applicant & office personnel)

PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR PROCESSING OF STUDENT RECORD INFORMATION

☐ Pick Up ☐ By Applicant ☐ By Other

I authorize release of the above requested documents to

_____
(Print full name & relationship)

_____
(Signature of individual picking up document)

☐ Mail (Sent to home address above)

Government ID is required by both the applicant & the person picking up the documents

☐ **Birth Certificate**

☐ **Driver's License**

☐ **Passport**

C: FORM OF PAYMENT (To be completed by office personnel) No personal cheques will be accepted

This form should be returned with payment payable to the Lambton Kent District School Board or Last Secondary School Attended

☐ Cash ☐ Certified Cheque/Money Order

_____ _____ _____
Signature of Office Staff Fee Rendered Date

D: AUTHORIZATION (To be completed by applicant)

Signature of applicant: _____ _____
(authorizing access to Ontario Student Record) Date

Personal information in this form is collected under the authority of the Education Act, R.S.O. 1990. The Ontario Student Record Guideline, 2000 will be used to locate and create the Ontario Student Transcript.

Revised June 2011

For Office Use Only (Check all areas searched)

☐ Trillium ☐ Maplewood ☐ Laserfiche ☐ Microfiche ☐ Microfilm ☐ OSR ☐ School