

**THE HAMILTON – WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD
RECORDS DEPARTMENT
209 MACNAB STREET NORTH
HAMILTON, ONTARIO
L8R 2M5**

**SCHOOL TRANSCRIPT REQUEST
Authorization and Consent**

ALL APPLICANTS: (please print)

I, the undersigned do hereby consent to the Hamilton-Wentworth C.D.S.B. releasing a copy of my student transcript, as is defined by the Education Act.

Present name _____

Name used in school _____

Date of Birth _____

Last High School attended _____

Last Year of attendance _____

Telephone (home/work) _____

Reason for request _____

Date

Signature

ONLY FILL OUT IF YOU WOULD LIKE YOUR TRANSCRIPT MAILED:

I further authorize and direct the Hamilton – Wentworth C.D.S.B. to forward the said copy of my student transcript(s) to:

Name: _____

Mailing Address/Street/Apt./Unit: _____

City/Province/Postal Code: _____

And this shall be your good sufficient authority for doing so.