



Rainy River District School Board Ontario Student Transcript Request Form – Northern Lakes School

PLEASE NOTE: Students should obtain a transcript from the last school they attended in Ontario.

TO REQUEST A TRANSCRIPT please *complete and sign* this form, and *attach* a copy of photo ID.

REQUEST IN PERSON, OR BY MAIL – bring/forward the complete information to Northern Lakes School, Student Services,
324 Mercury Ave, Box 2460
Atikokan, ON P0T 1C0

OR E-MAIL A SCANNED COPY to nicholas.nelson@rrdsb.com (or to lisa.armstrong@rrdsb.com in the summer months).

PERSONAL INFORMATION: (please print)

LEGAL NAME: _____

Surname

First Name

Middle Name

ALTERNATE SURNAME (if applicable): _____ DATE OF BIRTH: _____

(at time you were enrolled at NLS)

Year/Month/Day

EMAIL ADDRESS: _____ TELEPHONE #: _____

CURRENT MAILING ADDRESS: _____

LAST YEAR ATTENDED: _____ GRADE COMPLETED: _____ NUMBER OF COPIES REQUIRED: _____

INSTRUCTIONS FOR RELEASE OF INFORMATION:

MAIL TO: ABOVE ADDRESS OR _____

FAX TO: NAME & NUMBER _____

PICKUP BY: MYSELF OR _____

REASON FOR REQUEST: PERSONAL USE RE-ENTRY TO SCHOOL/ADULT. ED POST-SECONDARY EDUCATION*

*If the OST is for application to post-secondary education and must be mailed to them, please provide the name of institution _____, address (above), and your OUAC# or OCAS# (Ontario) or APPLICANT# (out-of-province), if applicable: _____

AUTHORIZATION TO RELEASE STUDENT INFORMATION

I hereby authorize the Rainy River District School Board to release this information as indicated above.
YOUR SIGNATURE IS **REQUIRED** TO PROCESS YOUR REQUEST.

SIGNATURE: _____ **DATE:** _____

FREEDOM OF INFORMATION

Personal information in this form is collected under the authority of section 266 of the Education Act, R.S.O. 1990. The Ontario Student Record (OSR) Guideline, 2000, will be used to locate and create the Ontario Student Transcript (OST).

PROCESSING FEES

The fee for processing is \$5 for one original transcript. To request Xpresspost, add \$15 (to Canada) or \$25 (to USA). We accept cheque or money order payable to Atikokan High School. Please note that we are *unable to accept debit or credit card* transactions.

OFFICE USE:

#__ TRANSCRIPT(S) REQUESTED @\$5 ea.: ____
 Xpresspost Fee (add \$15/\$25)
Total amount due: \$_____
Paid: cash cheque money order
RECEIPT # _____ DATE: _____

Office Use: Initials

Date received

Date processed

PLEASE ALLOW 5 – 10 WORKING DAYS FOR PROCESSING OF TRANSCRIPTS.

Need more information? Call (807) 597-2703