



## Student Transcript Request Form

**Resurrection Catholic Secondary School**  
**455 University Avenue West,**  
**Kitchener, Ontario, N2N 3B9**  
**Phone: 519-741-1990, Fax: 519-741-5096**

**Please allow 5-10 business days for processing of transcripts. Transcripts will be mailed (or faxed, if requested). If necessary, they may be picked up. Any costs incurred for premium shipping (courier, express post, etc.) will be the responsibility of the applicant.**

### Applicant Information (Please Print)

Legal Last Name		Legal First Name	
Last name (while in school)		Legal Middle Name(s)	
Apt #	Number & Street		
City, Province		Postal Code	Telephone
Date of Birth (YYYY/MMM/DD) e.g. 2000 JAN 01			Last Year of Attendance

### Distribution Information

Number of Transcripts Required: _____	I, the undersigned do hereby authorize the Waterloo Catholic District School Board to release a copy of my student transcript(s) as indicated below: Signature: _____ Date: _____
<b>Delivery Instructions:</b> <input type="checkbox"/> Pick up <input type="checkbox"/> Mail to Address Above <input type="checkbox"/> Mail to Address Indicated <input type="checkbox"/> Priority Post <input type="checkbox"/> Fax to: _____	<b>Mail to: (if other than above)</b> _____ Name _____ Address _____ City                      Province                      Postal Code

<b>ACCOUNTING DEPARTMENT USE ONLY</b>	<b>OFFICE USE ONLY</b>
Amount Received _____	Signature of Office Personnel _____
Receipt No. _____	Date Processed _____

Personal information contained on this form is collected pursuant to the Education Act and the Municipal Freedom of Information and Protection of Privacy Act. Information will be used by board employees for preparing a transcript. Questions about the collection of this personal information should be directed to the school principal.