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| **Transcript Request Form**  **Authorization and Consent** | |
| PLEASE PRINT |  |

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| Present Name: | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
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| Name(s) used in school: | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | |
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| Date of Birth: | | | | Click or tap to enter a date. | | | | | | | | | Telephone: | | | Click or tap here to enter text. | | | | | | | | |
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| Last Year of Attendance: | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
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| Reason for Request: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | |
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| Number of Copies: | | | | | Click or tap here to enter text. | | | | | | Mail to College/University? | | | | | | | | | Yes |  | No |  |  |
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| Signature: | | Click or tap here to enter text. | | | | | | | | | | | | Date: | | | Click or tap to enter a date. | | | | | | | |
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| **ONLY FILL IN IF YOU WOULD LIKE YOUR TRANSCRIPT MAILED TO COLLEGE/UNIVERSITY:** | | | | | | | | | | | | | | | | | | | | | | | | |
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| I further authorize and direct McKinnon Park Secondary School to forward a copy of my transcript(s) to: | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of College/University: | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |
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| OUAC number: | | | | Click or tap here to enter text. | | | | | | | | OCAS number: | | | | | Click or tap here to enter text. | | | | | | | |
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| And this shall be your good and sufficient authority for doing so. | | | | | | | | | | | | | | | | | | | | | | | | |
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| There is a $5 non-refundable fee for each copy of a transcript that must be paid **prior** to processing – payment by cash or cheque – payable to McKinnon Park Secondary School. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Please note if you have been out of high school for more than 10 years, you must contact Grand Erie Learning Alternatives to obtain your transcript. Please visit [www.granderie.ca](http://www.granderie.ca) for more information. | | | | | | | | | | | | | | | | | | | | | | | | |
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| OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
| Cash: |  | | | | Cheque: | | | | |  | | | # copies: | | |  | | | Staff: | |  | | | |
| Comments: | | |  | | | | | | | | | | | | Date: | | |  | | | | | | |
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