



SIMCOE COMPOSITE SCHOOL

Guidance Office

40 Wilson Drive, Simcoe, ON N3Y 2E9

Phone: 519-426-4664 Fax: 519-429-3884

Transcript Request Form Authorization and Consent

PLEASE PRINT

Present Name: _____

Name(s) used in school: _____

Date of Birth: _____ Telephone: _____
MM/DD/YYYY

Last Year of Attendance: _____

Reason for Request: _____

Signature: _____ Date: _____

ONLY FILL IN IF YOU WOULD LIKE YOUR TRANSCRIPT MAILED:

I further authorize and direct Simcoe Composite School to forward the said copy of my transcript(s) to:

Name: _____

Account/Application # if applicable: _____

Mailing Address: _____

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

There is a \$5 non-refundable fee for each copy of a transcript that must be paid **prior** to processing - payment by cash, cheque or money order - payable to Simcoe Composite School.

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 for more information.

OFFICE USE ONLY

I.D. _____ PD _____ Cash _____ MO _____ # copies _____ STAFF _____

COMMENTS: _____ DATE: _____