

BUILDING CODE COURSE TRANSCRIPT REQUEST

Please do not forget to sign this form, do not sign this form in **black**, a copy of this form is not acceptable. We cannot process this request without your signature. Due to the confidential nature of a member's record, a written request must be received from the member allowing release of a transcript. We are unable to accept telephone requests. Please note that many institutions require official transcripts released directly to them with the Corporate seal. Transcripts will not be issued unless all outstanding financial obligations to the Association have been cleared.

PLEASE PRINT CLEARLY IN ALL INFORMATION FIELDS

OBOA MEMBER ID #		SURNAME: M	R.	MRS.	MS.	GIVEN NAMES(S)		
ADDRESS					APT	CITY		PROVINCE
POSTAL CODE		DDECC			HOME PHON	F		
OSTAL CODE E-MAIL ADDRESS				NE ALTERNATE PHONE:				
PLEASED BE ADVISE	D THAT			PICK UP or	MAIL OUT		RECEIVED	
"We can only provide transcripts of building code courses taken that has completed original supporting paper work provided from past facilitation"					YES NO	OFFICE USE ONLY		
Have you requested transcripts from the OBOA in the past? YES NO								
IF YOU REQUIRE TRANSCRIPT(S) MAILED ELSEWHERE OTHER						OVE PLEASE INDICATE BELOW:		
ADDRESS					APT	СІТҮ		PROVINCE
POSTAL CODE	E-MAIL AD	DRESS			HOME PHON	IE	ALTERNA	TE PHONE:
PLEASE INDICATE METHOD OF PAYMENT								
		I		QUEST, ONLY METH	ODS OF PAYMENT	BELOW ARE SUPPORTED		
			MONEY ORDER			MASTER CARD	VISA	
CREDIT CARD # EXPIRY DATE					CARDHOLDER SIGNATURE			
CARDHOLDER NAME (if different from above)								
Privacy Policy In order to demonstrate our firm commitment to privacy. The following discloses our information gathering and dissemination practices for our records.								
Ontario is committed to respecting your privacy and protecting your personal information. This Privacy Statement explains the current information management practices. Under current provincial law, an individual's records are considered confidential and will be released to a third party only upon the written authorization of the individual or by exception as noted under the Release of Information section of the Privacy Act and the Freedom of Information. Act. Information collected in records will be used to administer requests and move programs and activities of OBOA Building Code Training. While individual's records are the property of the OBOA, individual's have the right to view their own records upon request. The Building Code Course Transcript Request Form and any supporting letters are collected for authenticity and contact information (email, mailing address and phone number). Your contact information is used to get in touch with you when necessary or to mail relations material if requested. Information collected via this request form is never sold or released to third party organizations.								
Security The OBOA has security measures in place to prevent the loss, misuse and alteration of the information under our control.								
TRANSCRIPT DELIVERY								
THE OFFICIAL TRANSCRIPTS WILL BE DELIVERED IF INDICATED ON THIS FORM TO THE INDIVIDUAL ON THIS FORM THAT HAS REQUESTED THE TRANSCRIPT AND HAS PROVIDED ADEQUATE INFORMATION FOR THE MAILING OF THE TRANSCRIPT RECORDS. IF IT IS OF THE OPINION THAT THE REQUEST DOES NOT INCLUDE ADEQUATE INFORMATION FOR THE MAILING OF THE TRANSCRIPT RECORDS THE OBOA RESERVES THE RIGHT TO HOLD PROCESSING OF THE TRANSCRIPTS UNTIL CONTACTED BY THE INDIVIDUAL REQUESTING THE TRANSCRIPTS TO PROVIDE ADEQUATE INFORMATION FOR A MAILING DESTINATION. THE REQUEST FORM MUST BE THE ORIGINAL DOCUMENT AND NOT A COPY.								
UPON RECEIVING PAYMENT FROM YOU YOUR TRANSCRIPTS WILL BE SHIPPED BASED ON THE ADDRESS INFORMATION THAT YOU HAVE PROVIDED TO US. IN THE EVENT THAT YOUR TRANSCRIPTS ARE MISPLACED OR LOST IN TRANSIT THE OBOA ASSUMES NO RESPONSIBILITY FOR MISPLACED TRANSCRIPTS. IF YOU FEEL THAT PICKING UP YOUR TRANSCRIPTS AT THE OBOA PROVINCIAL OFFICE IS PREFERRED PLEASE INDICATE IN THE APPROPRIATE CHECK BOX ON THIS TRANSCRIPT REQUEST FORM. IF YOU ARE PICKING UP YOUR TRANSCRIPTS YOU MUST PROVIDE A COPY OF THIS COMPLETED FORM ALONG WITH IDENTIFICATION AT THE OBOA PROVINCIAL OFFICE.								
AUTHORIZATION								
I hereby authorize the Ontario Building Officials Association to forward or release my Record as indicated without legal implication.								
	DATE					INDIVIDUALS SI	GNATURE	
PROCESSING TIMES:			0 / AL + O + -					
Transcripts of Courses taken from July 1996 to 1999 / ALLOW 3 - 4 WEEKS for processing								
Transcripts of Courses	taken from J	January 2000 to	Present / ALLC	DW 2 - 3 WEE	(S for process)	ing		
FEES: TWO TRANSCRIPTS PROVIDED = \$ 25.00 EACH ADDITIONAL COPY = \$ 15.00					TO REQUEST A TRANSCRIPT! MAIL TO: REGISTRAR'S OFFICE ONTARIO BUILDING OFFICIALS ASSOCIATION 200 MARYCROFT AVENUE, UNIT 8 WOODBRIDGE, ONTARIO L4L 5X4			