



## 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: MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/>			GIVEN NAMES(S)	
ADDRESS		APT		CITY		PROVINCE
POSTAL CODE	E-MAIL ADDRESS		HOME PHONE		ALTERNATE PHONE:	
PLEASED BE ADVISED 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 <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you requested transcripts from the OBOA in the past?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	OFFICE USE ONLY	
IF YOU REQUIRE TRANSCRIPT(S) MAILED ELSEWHERE OTHER THAN ABOVE PLEASE INDICATE BELOW:						
ADDRESS		APT		CITY		PROVINCE
POSTAL CODE	E-MAIL ADDRESS		HOME PHONE		ALTERNATE PHONE:	
PLEASE INDICATE METHOD OF PAYMENT						
FULL PAYMENT MUST ACCOMPANY THIS REQUEST, ONLY METHODS OF PAYMENT BELOW ARE SUPPORTED						
<input type="checkbox"/>	CERTIFIED CHEQUE	<input type="checkbox"/>	MONEY ORDER	<input type="checkbox"/>	MASTER CARD	<input type="checkbox"/>
CREDIT CARD #			EXPIRY DATE	CARDHOLDER SIGNATURE		
CARDHOLDER NAME (if different from above)						
<p><b>Privacy Policy</b> In order to demonstrate our firm commitment to privacy. The following discloses our information gathering and dissemination practices for our records.</p> <p>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.</p> <p><b>Security</b> The OBOA has security measures in place to prevent the loss, misuse and alteration of the information under our control.</p>						
<p><b>TRANSCRIPT DELIVERY</b></p> <p>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.</p> <p>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.</p>						
<p align="center"><b>AUTHORIZATION</b></p> <p align="center"><i>I hereby authorize the Ontario Building Officials Association to forward or release my Record as indicated without legal implication.</i></p>						
DATE			INDIVIDUALS SIGNATURE			
<p><b>PROCESSING TIMES:</b></p> <p>Transcripts of Courses taken from July 1996 to 1999 / ALLOW 3 - 4 WEEKS for processing</p> <p>Transcripts of Courses taken from January 2000 to Present / ALLOW 2 - 3 WEEKS for processing</p>						
<p><b>FEES:</b></p> <p>TWO TRANSCRIPTS PROVIDED = \$ 25.00</p> <p>EACH ADDITIONAL COPY = \$ 15.00</p>			<p><b>TO REQUEST A TRANSCRIPT/ MAIL TO:</b></p> <p>REGISTRAR'S OFFICE ONTARIO BUILDING OFFICIALS ASSOCIATION 200 MARYCROFT AVENUE, UNIT 8 WOODBRIIDGE, ONTARIO L4L 5X4</p>			