



#: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Request for Student Records

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
 Date of Birth (YYYY-MM-DD):     -   -   Gender:  F  M  
 Permanent Code:              
 Parent/Guardian's Name: \_\_\_\_\_  
 Present Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### SCHOOL INFORMATION

School: _____	Attendance Dates: _____	Grades: _____
School: _____	Attendance Dates: _____	Grades: _____
School: _____	Attendance Dates: _____	Grades: _____

### REASON FOR REQUEST

Post-Secondary Education: \_\_\_\_\_  Employment: \_\_\_\_\_  
 Other (please specify reason): \_\_\_\_\_

### DOCUMENT TO BE

Mailed to present address (as indicated above) \_\_\_\_\_  
 Mailed to an Employer/Educational Institution: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions: 1. Print out form  
 2. Please include a copy of a valid photo I.D. (ie. Driver's license, Medicare Card)