



#: _____
 Date: _____

A \$10 non-refundable fee is applicable to all certified documents

Request for Student Records Certification

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Maiden Name: _____
 Date of Birth (YYYY-MM-DD): - - Gender: F M
 Permanent Code (if known):
 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 – ATTACH A COPY OF GOVERNMENT REQUEST

Do you need to certify your date of birth, school attendance and/or name?
 Please specify: _____

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)
 3. Include the 10\$ fee; payment by certified cheque only

PROCESSING TIME : Please note that we have a period of 20 days following receipt of the request to process it, in accordance with the legal provisions (L.R.Q. c A-21) art. 98.