

#:	
Date:	

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

Request for Student Records Certification

PERSONAL INFORMATION

Last Name:	First Name:	Maiden	n Name:	
Date of Birth (YYYY-MM-	DD):	Gender:	$F \qquad \qquad \square M$	
Permanent Code:				
Parent/Guardian's Name:				
Present Address:		Apt:		
City:	Province:		Postal Code:	
Home Number:	Number: Cell Number:			
Email Address:				
SCHOOL INFORMATION	ON			
School:	Attendanc	e Dates:	Grades:	
School:	Attendanc	e Dates:	Grades:	
School:	Attendanc	e Dates:	Grades:	
REASON FOR REQUES	ST – ATTACH A COPY OF GOV	ERNMENT REQUEST		
Do you need to certify your Please specify:	date of birth, school attendance and	l/or name?		
DOCUMENT TO BE				
Mailed to present address	ss (as indicated above)			
☐ Mailed to an Employer/	Educational Institution:			
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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. Request must be mailed in; EMAIL requests will not be accepted
- 4. Include the 10\$ fee; payment by certified cheque only