



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

## Request for Student Records

### 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

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)

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.