



#: _____
 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)
 3. Request must be mailed in; EMAIL requests will not be accepted