



## REQUEST FOR TRANSCRIPTS

- ❖ Complete and sign this form and email to [transcripts@sd63.bc.ca](mailto:transcripts@sd63.bc.ca), fax to 250-652-6421 or bring it into our office during business hours.
- ❖ If you have graduated within the last 5 years your transcripts will be held at the last school you attended. Please contact them directly.
- ❖ All records are kept in the district that the student last applied to. For example, if a student attended Parkland and made an application to SJ Willis for upgrading, student records would have immediately been transferred to that school/district upon application acceptance even if there was no attendance. This does not apply to post-secondary institutions.
- ❖ **You will be asked to show photo ID with your request for transcripts or include a copy of photo ID when you submit this form via mail, fax or email.** Copies of photo ID will be destroyed once verification has been made. If a third party is picking up the transcripts, we require written authorization. Please fax, scan or note your authorization in the comment box and the name of the person picking up. This person must also present photo ID at the time of pick up. **YOU WILL BE NOTIFIED WHEN REQUEST HAS BEEN PROCESSED FOR PICKUP.**
- ❖ The cost for transcripts is \$10.00 for one copy, \$5.00 for the second copy and \$2.00 for any additional copies. We accept cash, cheque, debit, Visa or MasterCard

### ORDER INFORMATION

Name:      
First Middle Last Previous Surname

Phone Number:  Secondary Phone:  Email:

Birthdate:  Last School Attended:  Last Year Attended:   
dd/mm/yyyy

List any other secondary school that you were enrolled in (e.g.: SIDES. ILC, The Link, S.J. Willis, etc.)

Requested amount of copies:  Method of Delivery:  Mail Out  Pick-Up

**Forwarding Address**

Name:   
 Address:   
 City, Prov. / State:   
 Postal Code / Zip:

**Secondary Address** (such as College or University Admissions)

Facility/Company:   
 Attention:   
 Address:   
 City, Prov. / State:   
 Postal Code / Zip:

**Additional Comments**

### SIGNATURE REQUIRED

*Mandatory pursuant to Section 33 © Freedom of Information and Protection of Privacy Act*

### PAYMENT

<input type="radio"/> Cheque payable to School District 63 <input type="radio"/> Cash or Debit in person <input type="radio"/> Visa or MasterCard	Card Number: <input type="text"/> Expiration Date: <input type="text"/> Cardholder Name: <input type="text"/>
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