



REQUEST FOR STUDENT RECORDS

- Mail or email your completed order form **with government issued identification** to the address listed above.
- If you graduated within the last 5 years, or left school within the last 3 years, your permanent school records will be held at the last school you attended. Please contact the school directly.
- Orders are processed on Wednesdays. Orders will be available for pick up or will be mailed on the following Thursday.
- During winter and summer vacation periods, it may take longer to process requests.

--	--	--

First Name

Middle Name

Current Legal Last Name

Name When You Attended School

Contact Number:

Email:

Birthdate:

dd/mm/yyyy

Last K-12 School Attended:

DID YOU GRADUATE? No Yes

Year You Graduated

Did you enroll in one of the following after secondary school? GROW 100 Mile GROW Williams Lake

PHOTO IDENTIFICATION IS REQUIRED. PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:

Driver's License BC ID Other: _____

EMAIL COPY IS REQUIRED EMAIL ADDRESS RECORDS TO BE SENT TO: _____

NUMBER OF HARD COPIES REQUIRED: _____

I WILL PICK UP

Third Party Pick up: (if applicable) Name: _____ (Must also present their photo ID)

SEND MY RECORDS BY MAIL

Name:	<input style="width:95%;" type="text"/>
Address:	<input style="width:95%;" type="text"/>
City, Prov/State:	<input style="width:95%;" type="text"/>
Postal Code/Zip	<input style="width:95%;" type="text"/>

Secondary Address (Such as College or University Admissions)

Facility/Company:	<input style="width:95%;" type="text"/>
Attention:	<input style="width:95%;" type="text"/>
Address	<input style="width:95%;" type="text"/>
City, Prov/State:	<input style="width:95%;" type="text"/>
Postal Code/Zip:	<input style="width:95%;" type="text"/>

SIGNATURE: _____ **DATE:** _____

Signature is mandatory pursuant to Section 33 (c) Freedom of Information and Protection of Privacy Act

FOR OFFICE USE ONLY

Date Received: _____ **by:** _____

Date Processed: _____ **by:** _____ **Date Mailed/Picked Up:** _____