

REQUEST FOR SCHOOL RECORDS

Document Fee - \$5.00 Per Copy (Payment by CASH or MONEY ORDER ONLY)

DATE REQUESTED: _____

Legal Surname (Last Name) _____	Legal Given Name (First Name) _____
Usual/Maiden Surname _____	Usual Given Name _____
Present Address _____	Phone No. _____
_____	E-Mail _____
_____	Birthdate _____
	Year / Month / Day

DOCUMENT REQUESTED:

Transcript:

Permanent Student Record:

Citizenship or PR Card:

Letter for Revenue Canada:

Last School attended in Richmond (Full Time): _____

Year Graduated _____ or Year Withdrawn _____ Last Grade Attended? _____

Have you completed any additional Grade 10 – 12 course(s) through Continuing Ed., Online, Distance Ed. etc. since graduating/withdrawing from school? No _____ Yes _____	
<i>IF YES, please indicate the course(s):</i> _____	

of Sealed Copies: _____ # of Unsealed Copies: _____ TOTAL # OF COPIES: _____ X \$5

MAILING INSTRUCTIONS:

Copies will be picked up **OR Mailed** **to:**

University, College or Home Address. Please indicate complete address below.

AUTHORIZATION TO RELEASE INFORMATION:

Authorization is hereby given to the Richmond School Board to forward a transcript or verification of my school records as indicated above.

Signature _____ Date _____

OR See Attached Authorization Letter

FOR OFFICE USE ONLY	
Amount Received \$ _____	PAYMENT MADE BY: Cash <input type="checkbox"/> Money Order <input type="checkbox"/>
Date Processed: _____	