

### OFFICIAL TRANSCRIPT REQUEST FORM

To obtain a copy of your BC Ministry of Education Transcript of Grades, please complete this form. Submit the completed form to the school office (fax, mail, email, in person) along with a legible copy of your photo ID. Payment for copies must be received prior to records being released.

We will phone or email when records are ready to be picked up. **Please allow three to five business days from receipt of this request.**

**Proof of Identity:** To ensure the privacy and security of student record information, a copy of photo ID of the student must accompany the transcript request. The copy of the photo ID will be destroyed once verification has been made. If a third party is designated to pick up the record on behalf of the requester, they must also present photo ID before the transcript is released to them.

A non-certified copy of your record is provided at no charge. Fees apply for certified copies. Fees are as follow:

- \* \$10 for one copy
- \* \$15 for two copies
- \* \$2 for each subsequent copy

### PLEASE PRINT CLEARLY

\_\_\_\_\_  
**LAST NAME** \_\_\_\_\_  
**OTHER NAMES (i.e. maiden name)**

\_\_\_\_\_  
**FIRST NAME** \_\_\_\_\_  
**BIRTH DATE (DD/MM/YYYY)**

**Current Address** Apt. No. \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Year last attend SJ** \_\_\_\_\_ **Last grade completed:** \_\_\_\_\_ **Did you graduate from SJ** \_\_\_\_\_

**Which school did you attend (circle one)**     Alternative Education     Continuing Education     Home Learners Link

**Name of third party authorized to pick up records** \_\_\_\_\_  
 If applicable

**AUTHORIZATION FOR RELEASE OF INFORMATION is hereby given to SJ Willis Education Centre to release my school transcript of marks as indicated above.**

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

**Payment form can be sent to our secured fax line (250)360-4526 or emailed to ce@sd61.bc.ca**

**Method of Payment**

Number of Copies Required: Certified: \_\_\_\_\_ Non-certified: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Payment by:     Visa     Master Card     AMEX     Cash (in person only)     Cheque Card

Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ CVV code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_\_  
**Signature of cardholder** \_\_\_\_\_  
**Date**