SJ Willis
Education Centre

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 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 requestor, 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 follows:

- $10 for one copy,
- $15 for two copies, and
- $2 for each subsequent copy

PLEASE PRINT CLEARLY

_____   _____

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

_____   _____

FIRST NAME   **BIRTH DATE (DD/MM/YYY)**

_____

Current Address Apt. No.   Street Address   City   Postal Code

Daytime phone: _____**Email:**_____

Year last attend SJ Willis _____**Last grade completed**: _____**Did you graduate from SJ Willis** _____

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

_____

AUTHORIZAITON FOR RELEASE OF INFORMAITON 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   ☐ Cash (in person only)   ☐ Cheque

Card Number: _____ Expiry Date: _____

Name on Card: _____

_____   _____

Signature of cardholder   **Date**