

### 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 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 SJBurnside** \_\_\_\_\_

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

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

**AUTHORIZATION FOR RELEASE OF INFORMATION is hereby given to SJ Burnside 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**