

Request for Copy of Student Transcript & Permanent Student Record (PSR)

REQUEST INFORMATION

Date of Application: _____
(mm/dd/yyyy)

Last Name: _____
(name of student as it would appear in the last school attended)

First Name: _____

Phone Number: _____

Alternate Number: _____

Date of Birth (mm/dd/yyyy): _____

School Attended: _____

Years (from - to): _____

Personal Education Number: _____

Year Graduated: _____

Complete Mailing Address: _____

Reason for Requesting Records: _____

Government Issued ID: _____
(List the name of the Government Issued ID and number, and provide a copy with this application i.e. Drivers License)

PICK-UP/MAILING INFORMATION

Copy of PSR to be:

- picked up by student
- picked up by third party
- mailed to student
- mailed to third party
- emailed to student
- emailed to third party

Note: Copies of the PSR will be provided to employers, agencies or educational institutions only with the written approval of the student, or if the student is under the age of nineteen (19), the parent, or legal guardian.

Name of authorized third party: _____

Mailing Address: _____

Email Address: _____

AUTHORIZATION

Authorization is hereby given to School District No. 8 (Kootenay Lake) to provide a copy of my Permanent Student Record as indicated above:

Signature

Date

Print Name

Please submit your signed request form to ea.superintendent@sd8.bc.ca.
Please expect up to 20 business days to receive your requested copy.