



OFFICE OF ADMINISTRATIVE SERVICES

556 BOLESKINE ROAD, VICTORIA, BRITISH COLUMBIA V8Z 1E8
Telephone: (250) 475-4207 Fax: (250) 475-4112 Email: transcripts@sd61.bc.ca

REQUEST FOR TRANSCRIPT OF PERMANENT SCHOOL RECORDS

Processing Fee: The charge for a certified copy of the Permanent Student Record Card is \$10.00 for the first copy, \$5.00 for the second copy and \$2.00 for each additional copy. Certified copies are not released until payment is made by cheque (made payable to: Greater Victoria School District #61), cash or money order and this includes mailing to a different individual or institution on your behalf. There is no charge for non-certified copies.

Proof of Identity: To ensure the privacy and security of the student record information, this request must be accompanied by a copy of Birth Certificate, Driver's License or other I.D. containing the student's name/photo/signature. Once the I.D. has been verified, the copy of the I.D. will be destroyed. The proof of identity must be of the person requesting the record. In addition, if a third party is designated to pick up the record on behalf of the requestor, they must also present their ID when they come to pick up the record.

PLEASE PRINT CLEARLY

Surname _____ Given name(s) _____

Married Name _____ Birth date: (dd/mm/yyyy) _____

Current Address (including postal code) _____

Phone Number _____ E-mail (if applicable) _____

Records follow a student – please note the LAST secondary educational facility attended

Secondary school name _____ Last year attended _____

Did you attend any of the following after secondary school? (please check any that apply):

Continuing Education _____ SIDES _____ WestShore Learning _____ ILC (formerly Storefront) _____

Number of copies required: Non-Certified _____ Certified _____ Payment enclosed _____

Indicate if records are to be: Picked up _____ Faxed to: _____

Emailed to: _____ Mailed _____

Mailing/Pick up instructions: If records are to be mailed to a post-secondary institution or elsewhere, please include complete address. If they are to be picked up by a third party, please include the name of the designated pick up person.

AUTHORIZATION TO RELEASE INFORMATION:

Authorization is hereby given to the Greater Victoria School District #61 to release a copy(ies) of my school records as indicated above.

Signature

Date

For Office Use Only

Receipt No. _____ Amount \$ _____ Date Distributed _____ (M-F-E-PU)

Type of ID _____ Name shown on ID _____ Employee verification _____