

## Student Transcript Request Form

All requests for copies of student transcripts, including telephone requests, must be supported by written documentation. This Request Form must be accompanied by proof of identification (e.g., photocopy of driver's license, birth certificate or passport).

**This request form must be completed in full, signed by applicant, and accompanied by proof of identification in order to be processed.**

Student Name (while in attendance of the last TCRCE school)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Any Legal Name Change? \_\_\_\_\_ If Yes, Legal Name: \_\_\_\_\_ Year Changed: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of The Last TCRCE School Attended: \_\_\_\_\_

Last Year Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Have You Attended Adult High? \_\_\_\_\_ If Yes, Name of Adult High: \_\_\_\_\_ Year: \_\_\_\_\_

Have You Completed a GED? \_\_\_\_\_

I Hereby Request The Following Information (**Please be Specific**): \_\_\_\_\_

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E-mail or Mailing Address to Where You Would Like the Information Sent: \_\_\_\_\_

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Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email (optional): \_\_\_\_\_

### For Office Use:

Date Applicant Identification Verified and by Whom: \_\_\_\_\_ Type of Identification: \_\_\_\_\_

The Tri-County Regional Centre for Education is committed to protecting the privacy, confidentiality and security of all personal information that has been entrusted to us. The Regional Centre will collect, use, disclose, protect, and retain personal information in accordance with the Freedom of Information and Protection of Privacy (FOIPOP) Act and other applicable legislation and policies. For more information, please contact our FOIPOP Administrator.