



## REQUEST FOR STUDENT RECORDS

### STUDENT

NAME OF STUDENT

DATE OF BIRTH (DAY / MONTH / YEAR)

ADDRESS

POSTAL CODE

TELEPHONE (DAYTIME)

FAX

E-MAIL

NAME OF FATHER, MOTHER OR GUARDIAN

### CONSENT

SIGNATURE OF STUDENT OR AUTHORIZED PERSON

DATE

### SCHOOL ATTENDED

NAME OF SCHOOL

LAST LEVEL COMPLETED / LAST YEAR ATTENDED

### APPLICANT (IF OTHER THAN THE STUDENT)

NAME OF THE APPLICANT

ADDRESS

TELEPHONE (DAYTIME)

FAX

E-MAIL

RELATIONSHIP TO STUDENT :  Grand-father, Grand-mother  Father, Mother  Brother, Sister

Other : \_\_\_\_\_

### DOCUMENT REQUIRED

Attestation of studies

Report cards

Complete student file

Individual education plan

Achievement record

Other : \_\_\_\_\_

### RESERVED TO ARCHIVES

DATE DOCUMENTS REQUESTED

\$10 fee

ID's cards showed

Access

DATE DOCUMENTS SENT

Sent by mail

Sent by e-mail

Sent by fax

In person