



SCHOOL DISTRICT NO. 43 (COQUITLAM)

550 Poirier Street Coquitlam BC V3J 6A7

EMAIL : facilityrentals@sd43.bc.ca TEL: 604-939-9201

STUDENT RECORDS / TRANSCRIPT REQUEST FORM

Date		Cell #		Home #	
P.E.N. (Personal Education #)		EMAIL			
LEGAL FIRST AND MIDDLE NAME(S) (and any alias, as known while attending school)					
LEGAL LAST NAME (maiden name if applicable)		DOB (yyyy/mm/dd)			
LAST SCHOOL ATTENDED IN SD43 (include Grade & Year)					

If last school attended was outside of SD43, or any form of adult education, please contact that institute directly. **SD43 DOES NOT HAVE ACCESS TO THESE RECORDS**

Reason for requesting Records:

I, the above, do hereby request & give permission to release my student record information as indicated below.

X_____ X_____

SIGNATURE of student or Authorized Representative PRINT NAME

PAYMENT BY CASH OR CHEQUE ONLY

Cash: exact amount (we are unable to make change)

Cheques payable to: Coquitlam School District No. 43
Address: 550 Poirier Street, Coquitlam, BC V3J 6A7
Attention: Transcripts Secretary

- \$10.00 for Regular Service (up to 5 Business Days)
- \$5.00 for each additional hard copy
- Total: _____ # of copies
- a) I would like my records emailed after payment is received.
- b) I would like to pick up my records at the Board Office.

FOR OFFICE USE ONLY

Date Payment Received:

Amount Received:

Date Transcript Released:

If the record is to be picked up by someone other than the student, we require a signed letter of authorization, which includes the student's signature along with photo identification of the person picking up the records.