

Former Student
Request for Marks, Transcripts, and/or Archives

Date Requested: _____

Full Name (Maiden Name if Applicable)

Date of Birth

Year Graduated

Year Withdrew

Did you attend any other high school? Yes No

If yes, what school/province? _____

Did you graduate through Summer School? Yes No

Did you come back for upgrading? Yes No

Enterprise Program? Yes No

Adult Diploma? Yes No

What do you want done with the transcript?

Fax Mail Pick-up E-mail Military

Please list the details below of where you would like your transcript to be sent to:

Contact Information

Name: _____ Phone #: _____

E-mail: _____ Fax #: _____

Mailing address: _____

Payment Information:

Files Before 1995 – Provincial Archives - \$10.75