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

Full Name (Maiden Name if Applicable)			
	Date o	of Birth	
Year Graduated	<del></del>		Year Withdrew
Did you attend any other hig	gh school?	Yes □ No l	
If yes, what school/province	?		
What do you want done wit	h the transcri	pt?	
Fax 🗆 Mail 🛭	☐ Pick-up [	☐ E-mail ☐	Military □
Contact Information			
Name:		Phone #: _	
E-mail:		Fax #:	
Mailing address:			

Payment Received: Yes ☐ No☐

2010-2011 school year - Present - \$5.00 1999 - 2010 - \$10 Files before 1998 - Provincial Archives \$10