

REQUEST FOR STUDENT RECORDS

Date requested (dd-mmm-yyyy) _____

Processing Fees

Item	1 st Copy	Additional Copies	# Copies
Permanent Student Record (PSR)	\$10	\$5 each copy	
Transcript of Grades	\$10	\$5 each copy	

Indicate if records will be:

Picked up Mailed

Proof of Identity: To ensure the privacy and security of the student information this request must be accompanied by a copy of legal photographic ID such as a driver's license, BCID or a passport before the record will be released. If the request is for your child you must provide proof of ID for both yourself and your child. In addition, if a third party is designated to pick up the record on behalf of the student they must also provide a copy of their ID when they come to pick up the record at the Student Records office.

Birth surname: _____ Legal given name(s): _____

Married surname: _____ Usual given name(s): _____

Date of birth: _____ Phone number: _____

Current address: _____

Last school attended: _____

Last grade attended: _____ Year graduated/withdrawn: _____

Mailing/pick up instructions

If records are to be mailed to a post-secondary institution or elsewhere please include the complete address. If they are to be picked up by a third party please include the name of the designated pick up person.

Name: _____

Address: _____

City/Prov: _____ Postal code: _____

Payment Information

Payment method: Cash Visa
 Cheque MasterCard

Credit card number: _____

Name as it appears on credit card: _____

Expiry date: _____ Payment amount: _____

AUTHORIZATION TO RELEASE INFORMATION

Authorization is hereby given to the Burnaby Board of Education School District 41 to release a copy of my Personal Education Number as indicated above.

Student signature
(or parental/legal guardian signature if applicable)

Printed name of student
(or parental/legal guardian name if applicable)

Date