



SCHOOL DISTRICT NO. 27
(Cariboo-Chilcotin)

Records Department
350 North Second Avenue
Williams Lake, BC V2G 1Z9
250-398-3811

SECONDARY SCHOOL TRANSCRIPT AND PERMANENT RECORD ORDER FORM

This information is being collected pursuant to Section 26 (c) of the "Freedom of Information and Protection of Privacy Act" and will be used only for the retrieval of transcripts or your Permanent Record Card. If you have any questions or concerns, please contact the Information and Privacy Coordinator at (250) 398-3833.

- Mail your completed order form **with identification and payment** to the address listed above, or bring it in to our office during business hours.
- If you graduated within the last 5 years, or left school within the last 3 years, your permanent school records will be held at the last school you attended. Please contact the school directly.
- The cost for a certified transcript is \$5.00 per copy. **WE ACCEPT ONLY CASH, CHEQUE OR MONEY ORDER AT THIS TIME. Cheques must be made out to School District #27. Do not send coins in the mail. Exact amount is requested if picking up from the Board Office directly. We have no cash for making change.**

First Name	Middle Name	Current Surname	Previous Surname

Contact Number: Email:

Birthdate: Last School Attended:
dd/mm/yyyy

DID YOU GRADUATE? No Yes Year You Graduated

Did you enroll in one of the following after secondary school? GROW 100 Mile GROW Williams Lake

PHOTO IDENTIFICATION IS REQUIRED. PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:
(Copies of photo ID will be destroyed once verification has been made).

Driver's License BC ID Other: _____

Number of Copies Required: _____ Total Amount Paid: _____ Do you require a copy by e-mail? Yes No
 Third Party Pick up: (if applicable) Name: _____ (Must also present their photo ID)

Forwarding Address:

Name:	<input style="width: 350px;" type="text"/>
Address:	<input style="width: 350px;" type="text"/>
City, Prov/State:	<input style="width: 350px;" type="text"/>
Postal Code/Zip	<input style="width: 350px;" type="text"/>

Secondary Address (Such as College or University Admissions)

Facility/Company:	<input style="width: 350px;" type="text"/>
Attention:	<input style="width: 350px;" type="text"/>
Address:	<input style="width: 350px;" type="text"/>
City, Prov/State:	<input style="width: 350px;" type="text"/>
Postal Code/Zip:	<input style="width: 350px;" type="text"/>

Additional Comments:

Signature:

Signature is mandatory pursuant to Section 33 (c) Freedom of Information and Protection of Privacy Act

FOR OFFICE USE ONLY

Receipt Number: _____ Amount: _____ Cheque Cash Date Mailed/Picked Up: _____