



Killarney Secondary School

6454 Killarney Street * Vancouver, B.C. * V5S 2X7 * Phone: (604) 713-8950 * Fax: (604) 713-8949

REQUEST FOR SCHOOL RECORDS

Last Name:	
Legal Name / Given Name:	
Married Name (if applicable):	
Birthdate (Month/Day/Year):	
Your Current Address:	
Address when you attended Killarney:	
Phone / Cell #:	
Email Address:	
Last Year attended / Withdrew:	
When did you graduate from Killarney?	
If not? Where did you continue?	
NOTE: If you attended another school and received marks for your courses, you must bring a copy of your marks into Killarney so that we can request a revised transcript from the Ministry of Education.	
If you are not picking up, who do you authorize to pick up your transcript?	First & Last Name: _____ Relationship: _____

The charge for a certified copy of the Transcript is **\$10.00 + \$5.00** for each additional copy – **Cash only for pick up.** If required, postage charges will also be applied if we are mailing to an institution on your behalf.

School Cash Online is available for a payment. Payments made online are **NON-REFUNDABLE.**

A copy of your online receipt & this form will need to be emailed to preddy@vsb.bc.ca to proceed with your request.

of Transcripts requested:

PLEASE MAIL MY TRANSCRIPT TO THE FOLLOWING UNIVERSITY/COLLEGE:

(Accuracy is important – it is not our responsibility if you give us an incorrect address)

Attention to:			
Address:			
City:		Postal Code/Zip:	
Country:			

PLEASE MAIL MY TRANSCRIPT TO A DIFFERENT ADDRESS:

Attention to:			
Address:			
City:		Postal Code/Zip:	
Country:			

I, _____, hereby authorize the Killarney Secondary School to release a copy of my school records as indicated above.

Signed: _____ Date: _____

OFFICE USE ONLY
PAID: _____
DATE: _____
INITIAL: _____