Vancouver Board of Education
School District No. 39
1580 West Broadway
Vancouver, BC V6J 5K8
Telephone: 604-713-5000

STUDENT RECORDS REQUEST

Complete both sides of this form before submitting

- Include a copy of **Government issued photo ID** with e-mail or mail requests.
- You will be contacted within one week of receipt of your records requests to inform you of the status of your request. During winter and summer vacation periods, it may take longer than one week to process requests.
- Questions about how to complete this form should be directed by email to: studentrecordsrequest@vsb.bc.ca

SECTION A: ORDER INFORMATION

Type of Records Required *(Fill in the number of copies for each type of record required.)*	**Permanent Student Records**		**Ministry Graduation Transcript**	
	Number of Copies		Number of Copies	
	Certified	Non-Certified	Certified	Non-Certified

Legal Last Name:		**Legal First Name:**	
Legal Middle Name:		**Previous Surname:**	
Birthdate: *dd-mmm-yyyy*		**Last Secondary School Attended:**	
Year of Graduation:		**Personal Education Number:**	
Phone Number:		**Email:**	

Did you attend any of the following after secondary school? (Please check any that apply)

VSB Continuing Education Select ☐ Vancouver Learning Network (VLN) ☐

SECTION B: DELIVERY *(After Payment is Received)*

Email _____

Email Address

By Mail _____

Address

SECTION C: AUTHORIZATION TO RELEASE

Authorization is hereby given to the **Vancouver School Board** to forward a transcript or verification of my school records as indicated above.

Signature:	Date:	Or See Attached ☐

SECTION D: PAYMENT - NON - REFUNDABLE

Cash: ☐

Credit Card: ☐ online payment instruction will be provided after receipt of this request

Cheques: ☐ payable to **Vancouver School Board**

☐ $11.00 for one (1) copy

☐ $16.00 for two (2) copies ☐ $21.00 for delivery by **REGISTERED MAIL**

☐ $21.00 for three (3) copies

☐ $27.00 for four (4) copies Total:_____# of copies

FOR OFFICE USE ONLY

Amount Received $_____ **Cash:** ☐ **Cheque:** ☐ **Money Order:** ☐ **Credit Card:** ☐

Date Processed and Released:_____ **by:** _____

PSR Picked up by: _____

RESET FORM