902-625-2191/1-800-650-4448 (office) 902-625-2281 (fax) records@srce.ca



Date Applicant ID Verified and by Whom: _____

PROGRAMS AND STUDENT SERVICES NOVA SCOTIA HIGH SCHOOL TRANSCRIPT REQUEST FORM

All requests for copies of student records, including telephone requests, must be supported by written documentation. This Request Form must be accompanied by proof of identification (e.g., photocopy of driver's license, birth certificate or passport). For more information, please refer to Policy IV-A-3, Access to Student Information and Student Records available in the Policy Manual section of the SRCE website.

This request form must be completed in full, signed by applicant, and accompanied by proof of identification in order to be processed.

Applicant (Current or Former Student) Name (full name at time of completion):

Last Name	First Name	Middle Name
Date of Birth:	MM/DD/YYYY	
Name of School:		
ear of Completion:	Last Grade Comple	ted:
hereby request the following info	rmation (please be specific):	
Address to where you would like th	ne information sent:	
Fax or email to:		
Attention of:		
		Date: MM/DD/YYYY
elephone:		
Email:		
or Office Use: Date Received: _	ID Тур	pe:

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