



TRANSCRIPT REQUEST FORM		
Date:		Student I.D.#:
Legal L	ast Name:	Legal First Name:
Date o	f Birth	Graduation Year:
Telephone Number:		# of Transcripts required:
Reason for Transcript Request (please provide name of institution):  Canadian College/University Application: USA Application - (Marks for Gr. 9-12): Scholarship Application:		
Cost:	Past Graduate: Current Students:	\$25 (cash) for 3 official transcripts \$10 (cash) for 1 official transcripts Transcripts are free

\*\*\*Please allow FOUR FULL school days for processing\*\*\*

Current Students: Complete PSI Selection www.bced.gov.bc.ca/exams/tsw/tsw/student/

According to SD35 policy a student must come in person and show identification in order to have their transcript prepared. If students are unable to attend in person to order a transcript, they may order copies online through the Ministry of Education.

http://www2.gov.bc.ca/gov/content/education-training/k-12/support/transcripts-and-certificates