



Student Transcript Request Form

All requests for copies of student transcripts, 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).

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

Student Name (while in attendance of the last TCRCE school)

Last Name: _____ First Name: _____ Middle Name: _____

Any Legal Name Change? _____ If Yes, Legal Name: _____ Year Changed: _____

Date of Birth: _____

Name of The Last TCRCE School Attended: _____

Last Year Attended: _____ Last Grade Completed: _____

Have You Attended Adult High? _____ If Yes, Name of Adult High: _____ Year: _____

Have You Completed a GED? _____

I Hereby Request The Following Information (**Please be Specific**): _____

E-mail or Mailing Address to Where You Would Like the Information Sent: _____

Name of Applicant: _____

Signature of Applicant: _____

Date: _____

Telephone: _____

Email (optional): _____

For Office Use:

Date Applicant Identification Verified and by Whom: _____ Type of Identification: _____

The Tri-County Regional Centre for Education is committed to protecting the privacy, confidentiality and security of all personal information that has been entrusted to us. The Tri-County Regional Centre for Education will collect, use, disclose, protect, and retain personal information in accordance with the Freedom of Information and Protection of Privacy Act and other applicable legislation and policies. For more information, please contact our Privacy Lead.