



BRANDON SCHOOL DIVISION

Request for Transcript of Academic Records

1031 – 6th Street,
Brandon, MB R7A 4K5
Phone: 204-729-3100
Fax: 204-727-2217

- Transcript of academic records will only be released upon completion and return of this form.
- This office will also mail a transcript directly to an educational institution, a place of prospective employment or any other place specified.

Present Surname: _____
First Middle

Maiden Name: _____ Birthdate: (month/day/year) _____

Present Address: _____

Postal Code: _____ Telephone number you can be reached at during the day: _____

List schools attended during your last two years in school:

<u>Name of School</u>	<u>Grade</u>	<u>Year</u>	<u>Complete or Incomplete</u>
_____	_____	_____	_____
_____	_____	_____	_____

Last grade completed: _____ **EXACT** year of final attendance: _____

If transcript is to be forwarded to address other than above, please indicate below.

Because of heavy demand for transcripts, please be advised it may take approximately two weeks before records are released.

Signature of Above-Named Student

Date

As the above is personal information it can only be personally released to the applicant, mailed to the applicant's address and/or mailed to an educational institution as directed by applicant.