

**TRANSCRIPT REQUEST FORM**Email completed form to [smith.val@bsd.ca](mailto:smith.val@bsd.ca)

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ (Please PRINT clearly)

YEAR I GRADUATED OR WILL BE GRADUATING FROM HIGH SCHOOL (if applicable): \_\_\_\_\_

☐ PLEASE EMAIL ME MY TRANSCRIPT, MY EMAIL ADDRESS IS: \_\_\_\_\_☐ I REQUIRE \_\_\_\_\_ TRANSCRIPTS TO BE PRINTED FOR SCHOLARSHIP APPLICATIONS. (PLEASE pick up in Student Services within 2 days of request)☐ I WILL BE DELIVERING MY TRANSCRIPT MYSELF TO A COLLEGE/UNIVERSITY. (Transcript will be provided to you in a sealed envelope. PLEASE pick up in Student Services within 2 days of request)☐ I NEED MY TRANSCRIPT MAILED TO THE FOLLOWING UNIVERSITIES/COLLEGES: (Please PRINT clearly)

NAME OF UNIVERSITY / COLLEGE: \_\_\_\_\_

UNIVERSITY/COLLEGE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: # \_\_\_\_\_

NAME OF UNIVERSITY / COLLEGE: \_\_\_\_\_

UNIVERSITY/COLLEGE ADDRESS: \_\_\_\_\_

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UNIVERSITY/COLLEGE ADDRESS: \_\_\_\_\_

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UNIVERSITY/COLLEGE ADDRESS: \_\_\_\_\_

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