REQUEST FOR STUDENT RECORDS
OFFICIAL LETTER

Schou Education Centre
4041 Canada Way
Burnaby BC V5G 1G6
Ph: 604-296-6915 ext. 660300
Fx: 604-296-6916

Date requested (dd-mmm-yyyy) _____

Processing Fees

Item	1st Copy	Additional Copies	# Copies
Official Letter	$7.50	$1.50 each copy	

Indicate if records will be:
□ Picked up □ Mailed

Proof of Identity: To ensure the privacy and security of the student information this request must be accompanied by a copy of legal photographic ID such as a driver's license, BCID or a passport before the record will be released. If the request is for your child you must provide proof of ID for both yourself and your child. In addition, if a third party is designated to pick up the record on behalf of the student they must also provide a copy of their ID when they come to pick up the record at the Student Records office.

Copy of request (if applicable): To ensure that we include all information required, this form should be accompanied by a copy of the original request which indicates you require an official letter.

Birth surname: _____ Legal given name(s): _____

Married surname: _____ Usual given name(s): _____

Date of birth: _____ Phone number: _____

Current address: _____

_____

Last school attended: _____

Last grade attended: _____ Year graduated/withdrawn: _____

Additional Instructions

What needs to be included in the letter?

□ Legal name(s) □ Parent/Guardian □ Current address
□ Usual name(s) □ School name □ Original address
□ Date of birth □ Attendance Tally
□ Other _____

Date range to be included (dd-mmm-yyyy):
_____ until _____

Additional information
_____
_____

Payment Information

Payment method: □ Cash □ Visa □ Cheque □ MasterCard

Credit card number:
_____

Name as it appears on credit card:
_____

Expiry date: _____ Payment amount: _____

Mailing/pick up instructions

If records are to be mailed to a post-secondary institution or elsewhere please include the complete address. If they are to be picked up by a third party please include the name of the designated pick up person.

Name: _____
Address: _____
City/Prov: _____ Postal code: _____

AUTHORIZATION TO RELEASE INFORMATION

Authorization is hereby given to the Burnaby Board of Education School District 41 to release a copy of my Personal Education Number as indicated above.

_____	_____	_____
Student signature (or parental/legal guardian signature if applicable)	Printed name of student (or parental/legal guardian name if applicable)	Date

Signed and completed forms can be submitted via e-mail to records_enquiry@sd41.bc.ca or faxed to 604-296-6916