16 Cemetery Road Port Hastings, NS B9A 1K6 www.srsb.ca 902-625-2191/1-800-650-4448 (office) 902-625-2281 (fax) records@srsb.ca



Student Name (full name at time of completion):

## PROGRAMS AND STUDENT SERVICES NOVA SCOTIA HIGH SCHOOL TRANSCRIPT REQUEST FORM

All requests for copies of student records, 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). For more information, please refer to Policy IV-A-3, Access to Student Information and Student Records.

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

Last Name	First Name	Middle Name
Date of Birth:		
Name of School:		
Year of Completion:	Last Grade Comple	eted:
I hereby request the following info	ormation (please be specific):	
Address to where you would like t	he information sent:	
Fax to: ( )		
Attention of:		
Signature of requestor:		Date:
		DD/MM/YYYY
Telephone:		
Email (optional):		[Last Updated June 2012]

The Strait Regional School Board is committed to protecting the privacy, confidentiality and security of all personal information that has been entrusted to us. The Board will collect, use, disclose, protect and retain personal information in accordance with the Freedom of Information and Protection of Privacy (FOIPOP) Act and other applicable legislation and policies. For more information, please contact our FOIPOP Administrator.