



TRANSCRIPT REQUEST

STUDENT INFORMATION

Surname _____ Given name(s) _____
 OEN _____ Current grade _____
 Current Date _____ Current TSA student Yes No

TRANSCRIPT INFORMATION

| Official Transcripts | Unofficial Transcripts |
|-----------------------------------|-----------------------------------|
| Pick-up | Pick-up |
| Number requested _____ | Number requested _____ |
| Delivery | Delivery |
| Number requested _____ | Number requested _____ |
| Address 1 <input type="text"/> | Address 1 <input type="text"/> |
| Instructions _____ | Instructions _____ |
| Address 2 <input type="text"/> | Address 2 <input type="text"/> |
| Instructions _____ | Instructions _____ |
| Address 3 <input type="text"/> | Address 3 <input type="text"/> |
| Instructions _____ | Instructions _____ |

When are the transcripts required?
 Current
 Specified date _____
 On event (e.g. final marks) _____

In completing this form and signing below, I acknowledge that I am requesting this transcript(s) for myself or for my child/ward, for whom I have legal custodianship.

Requester Name _____ Requester's Signature _____