

Laurel Heights Secondary School - Transcript Request Form

Fee (if out of school more than 1 year): \$15.00 for the first copy, \$5.00 for additional copies, to a maximum of \$20.00. (Cash only)

Date: _____

Was LHSS (formerly SJAMSS) your last secondary school attended? Yes No

NOTE: Your transcript request will be processed within 48 hours of receipt of this completed form, as well as the applicable non-refundable fee(s).

Full Name _____
(Last) (First) (Middle)

Previous Last Name _____ Date of Birth _____
(Last Name while in School)

Current Student **OR** Last year of attendance at LHSS (formerly SJAMSS) _____

Home Phone # _____ Cell Phone # _____

Reason for transcript request:

University College Re-entry to secondary school Other (please specify): _____

Post-Secondary Reference No. (if applicable) _____

Transcript to be sent to: (specify destination and method - Canada Post, email, fax)

OR

Transcript to be picked up:

By Applicant or By Other: _____
(Indicate full name of Authorized Person)

Signature: _____

Number of copies Required _____

FOR OFFICE USE ONLY

Payment received

Proof of identity received/confirmed:

Amount: \$ _____

Signature of Office Personnel _____

Cash Money Order

Date: _____

Outstanding debts: _____

Diploma: _____