

TRANSCRIPT REQUEST Email completed form to smith.val@bsd.ca

DATE: _____

STUDENT NAME: _____

YEAR OF HIGH SCHOOL GRADUATION (IF APPLICABLE): _____

**PLEASE EMAIL ME MY TRANSCRIPT: I NEED TO UPLOAD IT MYSELF TO A UNIVERSITY/COLLEGE OR FOR SCHOLARSHIPS
OR I WANT AN UNOFFICIAL COPY FOR MYSELF

MY EMAIL ADDRESS IS: _____

**ARE YOU DELIVERING YOUR TRANSCRIPT YOURSELF TO A COLLEGE/UNIVERSITY? NO YES

**DO YOU REQUIRE YOUR TRANSCRIPT TO BE MAILED TO A UNIVERSITY OR COLLEGE NO YES - PLEASE SEND MY TRANSCRIPT TO THE FOLLOWING UNIVERSITY(S) / COLLEGE(S):

NAME OF UNIVERSITY / COLLEGE: _____

IF YOU HAVE RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: # _____

UNIVERSITY/COLLEGE ADDRESS: _____

NAME OF UNIVERSITY / COLLEGE: _____

IF YOU HAVE RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: # _____

UNIVERSITY/COLLEGE ADDRESS: _____

NAME OF UNIVERSITY / COLLEGE: _____

IF YOU HAVE RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: # _____

UNIVERSITY/COLLEGE ADDRESS: _____

NAME OF UNIVERSITY / COLLEGE: _____

IF YOU HAVE RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: # _____

UNIVERSITY/COLLEGE ADDRESS: _____

SCHOLARSHIP APPLICATIONS

note - only complete this section if you need transcripts **in addition to the ones requested above.

I ALSO REQUIRE TRANSCRIPTS FOR SCHOLARSHIP APPLICATIONS. THE # OF TRANSCRIPTS I NEED PRINTED IS _____.

Please pick-up the transcripts you need for Scholarship applications from Student Services. 1 day notice required.