



IDENTIFICATION OF THE PERSON CONCERNED (former student)

LAST NAME		GIVEN NAME	
DATE OF BIRTH (year, month, day)		PERMANENT CODE (if known)	
MOTHER'S FAMILY NAME AT BIRTH		MOTHER'S GIVEN NAME	
FATHER'S LAST NAME		FATHER'S GIVEN NAME	
EMAIL		TELEPHONE (daytime)	
SCHOOLS ATTENDED WITHIN THE SIR WILFRID LAURIER SCHOOL BOARD BEGINNING WITH LAST SCHOOL (include elementary and secondary schools, adult education & vocational training centres)		YEAR	GRADE

IDENTIFICATION OF THE PARENT/GUARDIAN MAKING REQUEST (for minor child)

LAST NAME		GIVEN NAME	
DATE OF BIRTH (year, month, day)		TELEPHONE (daytime)	
Email			

DOCUMENT(S) REQUIRED

Report Card(s) School _____ Grade _____

Letter of attestation of school attendance Other | please specify _____

For **Achievement Records** and/or **Diplomas**, please [click here](#)

REASON FOR REQUEST

Post-secondary education Employment Other _____

DELIVERY OPTIONS

<input type="checkbox"/> PICK UP AT THE HEAD OFFICE SIR WILFRID LAURIER SCHOOL BOARD 235, Montée Lesage, Rosemère (Québec) J7A 4Y6 450 621-5600 archives@swlauriersb.qc.ca If the person making the request wishes to designate someone to pick up the document(s) on their behalf, they must print and complete an authorization form . <input type="checkbox"/> EMAIL TO: _____	<input type="checkbox"/> MAIL TO THE FOLLOWING ADDRESS (Please expect longer delivery time.) NAME _____ ADDRESS (number, street, apt., or P.O. box) _____ CITY _____ PROVINCE _____ POSTAL CODE _____ TELEPHONE (daytime) _____
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I certify that the information in this document is true and correct.
 By clicking "SUBMIT REQUEST", I understand that this acts as my signature.

UPLOAD PHOTO ID* HERE
 *ex: driver's licence, Health Insurance Card, passport. (JPEG or PDF - 1 MB or less)

DATE _____

SUBMIT REQUEST