



## IDENTIFICATION OF THE PERSON CONCERNED (former student)

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

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

|   |                              |
|---|------------------------------|
| LAST NAME<br><hr/>                        | GIVEN NAME<br><hr/>          |
| DATE OF BIRTH (year, month, day)<br><hr/> | TELEPHONE (daytime)<br><hr/> |
| Email<br><hr/>                            |                              |

## 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"/> <b>PICK UP AT THE HEAD OFFICE</b><br><br>SIR WILFRID LAURIER SCHOOL BOARD<br>235, Montée Lesage, Rosemère (Québec) J7A 4Y6<br>450 621-5600   archives@swlauriersb.qc.ca<br><br>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 <a href="#">authorization form</a> .<br><br><input type="checkbox"/> <b>EMAIL TO:</b><br><br><hr/> | <input type="checkbox"/> <b>MAIL TO THE FOLLOWING ADDRESS</b><br>(Please expect longer delivery time.)<br><br>NAME<br><hr/><br>ADDRESS (number, street, apt., or P.O. box)<br><hr/><br>CITY _____ PROVINCE _____<br><br>POSTAL CODE<br><hr/><br>TELEPHONE (daytime)<br><hr/> |
|---|--|

I certify that the information in this document is true and correct.

DATE \_\_\_\_\_