

Request for School Records

Personal Information and Proof of Identity:

NVSD44 collects and protects personal information under the authority of the Freedom of Information and Protection of Privacy Act for the purposes of operating the programs and services of the School District. Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purposes of responding to your request. If you have any questions about the collection, use or disclosure of this information, please call the Office of the Secretary-Treasurer at 604 903 3452.

To ensure the privacy and security of student record information, this request must be accompanied by a copy of the Passport, Driver's Licence or other ID containing the student's name, date of birth, photograph and signature. Once the ID is verified, the copy of the ID will be destroyed. The proof of identity must be of the person requesting the record. In addition, if a third party is designated to pick up the record(s) on behalf of the requestor, they must also present their ID when they come to collect the record(s).

If you are requesting your own records or records of a school-aged child for whom you have the legal right to make such a request, please complete this document and return it to the Records Management Department, 2121 Lonsdale Avenue, North Vancouver, BC, V7M 2K6. If you choose to return the completed form and credit card authorization via email, you are assuming all risk associated with the electronic transfer of your personal information, which may include the transmission of this information outside Canada to servers in other jurisdictions subject to foreign laws and privacy rights. Our email address is records@sd44.ca.

Emailing records:

If you opt to have your records sent to you via email, please note that you are assuming all risk associated with the electronic transfer of your personal information, which may include the transmission of this information outside Canada to servers in other jurisdictions subject to foreign laws and privacy rights. Please note emails sent from sd44 email addresses are not encrypted.

PLEASE PRINT CLEARLY

Last Name: _____ Given Name(s): _____

Maiden Name: _____ Date of Birth (dd-mmm-yyyy): _____

Phone Number: _____ Email: _____

Records follow a student - please note the LAST school within North Vancouver School District attended:

Name of Last School: _____ Last year attended: _____

Did you attend any of the following after secondary school? (Please check any that apply.)

Continuing Education Distributed Learning Youth Learning Centre

Processing Fee:

- Regular service (5 business days) for a certified copy of a Transcript or Permanent Student Record Card is \$10.00 for the first copy, \$5.00 for each additional copy.
- **If you opt for records delivery via mail, the cost of postage will be added to your request.**
- Certified copies are not released until payment is made by cash or credit card.
- A signed credit card authorization must accompany the request for records. Payment in cash is accepted in person only at the Education Services Centre located at 2121 Lonsdale Avenue, North Vancouver, BC, V7M 2K6.

Request: Transcript Permanent Student Record

Request: Certified Copy Non-Certified Copy Number of Copies required: _____

Service: Regular Rush Payment: Cash Credit Card

Indicate if records are to be: Collected in Person Collected by: _____ Sent via Email

Sent via Mail Mailing Address: _____

Proof of Identity or Authority to request information is attached (i.e. Passport, Driver's License, Status Card)

I declare I have made this authorization voluntarily and the information on this form is true and correct. If I have opted to have my records sent via email, I assume all risks associated with the electronic transmission of my personal information, as described above.

Signature: _____ Date: _____

Request for Records Credit Card Payment Authorization

Fees & Delivery Service

- **Regular** service (5 business days) costs \$10.00 for the first copy. Each additional record of the same type is \$5.00.

For further information about ordering transcripts, please contact 604 903 3444 and ask for Records Management.

Credit Card Payment Method:

Visa Mastercard

Card Holder Name: _____
(Please print)

Card Number: _____

Expiry Date: _____ Amount Charged: _____

I authorize the above payment to the North Vancouver School District.

Card Holder Signature: _____ Date: _____

For Administrative Services Use:

Student Name: _____

Card Holder Name (if different): _____

Amount Charged: _____ Date: _____

Records Requested: _____
