



# ALUMNI TRANSCRIPT AND RECORDS

## GRADUATES AND FORMER STUDENTS

### Instructions

Please save this form to your computer prior to completing. Once completed, sign (manually or electronically) and send to [info@fraseracademy.ca](mailto:info@fraseracademy.ca), along with a copy of your government ID, attention Student Records.

Please note that incomplete forms will not be processed. Requests will be processed within 3-5 business days.

### Alumni Details

Last Name

First Name

Previous Name (if applicable)

Date of Birth (DD/MM/YYYY)

Email

Preferred Phone

Full Mailing Address (including postal code)

### Fraser Academy Attendance

I am a:

Graduate

Former Student (did not graduate from FA)

School Year Last Attended

Grade Last Attended

### Records Requested

#### A. Ministry Transcript

I am requesting my final Ministry Transcript (check all that apply):

An electronic copy for myself (this copy will be emailed to you)

To be mailed to the following post-secondary institution(s) (please include full mailing address):

## B. Other Records

I am requesting other school records - please specify:

I would like to receive copies by:

- Email     
  Postal Mail     
  Picked Up by Me     
  Picked Up by Third Party\*

\* For third-party pickup, write their name and contact information below. The third party must also show their own ID when picking up the records from the office.

Full Name	Email	Phone

## Alumni Proof of Identity

To ensure the privacy and security of student records information, this request must be accompanied by a copy of a government-issued photo identification document of the alumn. I have included a copy of the following ID:

- Driver's Licence     
  Passport     
  BC Services Card     
  Other Government Issued ID

## Alumni Email List

I would like to be added to the Fraser Academy Alumni email list. *(we will send you information about alumni news and events, and other information relevant to alumni. You can unsubscribe at any time.)*

## Authorization to Release Information

I provide authorization to Fraser Academy to release the above copy(ies) of my school records as indicated above.

Alumni Name	Date (DD/MM/YYYY)

Alumni Signature

**For Office Use Only**

Date Form Received	