



TRANSCRIPT AND RECORDS REQUESTS

FA GRADUATES AND FORMER STUDENTS

Instructions

Please save this form to your computer prior to completing. Note that requests may only be made by the Alumna/Alumnus. Incomplete forms will not be processed. Requests will be processed within 3-5 business days. There may be a longer wait time while school is not in session.

Alternatively, transcripts can be obtained directly from [BC Ministry of Education](#).

Alumna/Alumnus Details

Last Name

First Name

Previous Name (if applicable)

Date of Birth (DD/MM/YYYY)

Email

Preferred Phone

Full Mailing Address (including postal code)

Grade(s) Attended

Date of last attendance (MM/YYYY)

A. Records Requested

I am requesting a copy of the following student records:

- Final BC Ministry of Education Transcript - *for those who graduated from FA*
- An unofficial transcript of grades - *for those who left FA prior to completion of gr. 12*
- Most recent Individual Education Plan (IEP) - *held on file at FA*
- Most recent PsychoEducational Assessment - *held on file at FA*
- Other records - please specify:

B. Records Delivery

Personal Use: Please send the requested records to **me** by:
 Postal Mail (*regular, untracked*) Email

Post-Secondary Institutions: Please send my transcript directly to the following Post-Secondary Institution(s):

School Name
 Department Name
 Mailing Address
 (incl. postal code)

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C. Alumna/Alumnus Proof of Identity

To confirm my identity and to ensure the privacy and security of my student records, I have included a copy of one of the following government-issued photo identification documents of myself:

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

Authorization to Release Information

I authorize Fraser Academy to release the above copy(ies) of my school records as stated above. I assume all risks associated with the delivery method selected in Section B above. I acknowledge that information shared on this form may only be used for the purposes stated above, as well as for updating Fraser Academy's alumni records, and shall be subject to Fraser Academy's Privacy Policy.

Alumna/Alumnus Name

Date (DD/MM/YYYY)

Alumna/Alumnus Signature

Once completed and signed, send this form, along with a copy of your Government ID, to info@fraseracademy.ca, attention: Student Records.

For Office Use Only

Date Form Received



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FRASER ACADEMY ALUMNI NETWORK

Stay Connected!

- Yes, I would like to stay in touch with Fraser Academy and periodically receive alumni and school information, relevant updates and school and alumni events. I understand that I can opt out at anytime.
- No, I do not wish to be contacted by the Fraser Academy Alumni program at this time.

Connect on Social Media!

 [Fraser Academy Facebook Alumni Group](#)

 [FA Connect: Virtual FA Alumni Community](#)

 [Fraser Academy Instagram](#)