



**BOARD OF EDUCATION
SCHOOL DISTRICT NO. 50
(HAIDA GWAII)**

SD#50 TRANSCRIPT REQUEST FORM

Name of Requestor: _____

Contact Phone/Fax/Address: _____

DOB: _____

School Attended _____

Last Year Attended _____

Did you graduate?(please circle): Y / N

Forward Transcript to: _____

Your Initials _____

Please note A copy of a government licensed photo ID or equivalent may be requested.

Please fax this form to: (250) 559-8849