



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

**SD#50 TRANSCRIPT REQUEST FORM**

Name of

Requestor: \_\_\_\_\_

Contact Phone/Fax/

Address: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

School Attended \_\_\_\_\_

Last Year Attended \_\_\_\_\_

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

Forward Transcript to:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

\*A copy of government photo ID must be attached to complete request\*

Please fax this form to: (250) 559-8473 Or  
Email [privacy@sd50.bc.ca](mailto:privacy@sd50.bc.ca)