



**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:

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