OFFICE USE ONLY	DATE TRANSCRIPT REQUEST COMPLETED:

TRANSCRIPT REQUEST

Email completed form to mydynski.lana@bsd.ca

DATE: _____

STUDENT NAME: _____

YEAR OF HIGH SCHOOL GRADUATION (IF APPLICABLE): _____

**PLEASE EMAIL ME MY TRANSCRIPT: ☐ I NEED TO UPLOAD IT MYSELF TO A UNIVERSITY/COLLEGE OR FOR SCHOLARSHIPS

OR ☐ I WANT AN UNOFFICIAL COPY FOR MYSELF

MY EMAIL ADDRESS IS: _____

**ARE YOU DELIVERING YOUR TRANSCRIPT YOURSELF TO A COLLEGE/UNIVERSITY? ☐ NO ☐ YES

**DO YOU REQUIRE YOUR TRANSCRIPT TO BE MAILED TO A UNIVERSITY OR COLLEGE ☐ NO ☐ YES - PLEASE SEND MY TRANSCRIPT TO THE FOLLOWING UNIVERSITY(S)/ COLLEGE(S):

NAME OF UNIVERSITY / COLLEGE:_____

IF YOU HAVE RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: #_____

UNIVERSITY/COLLEGE ADDRESS: _____

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NAME OF UNIVERSITY / COLLEGE:_____

IF YOU HAVE RECEIVED A STUDENT ID # OR APPLICANT # FROM THE UNIVERSITY/COLLEGE: #_____

UNIVERSITY/COLLEGE ADDRESS: _____

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UNIVERSITY/COLLEGE ADDRESS: _____

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SCHOLARSHIP APPLICATIONS

****note** - only complete this section if you need transcripts **in addition** to the ones requested above.

I ALSO REQUIRE TRANSCRIPTS FOR SCHOLARSHIP APPLICATIONS. THE # OF TRANSCRIPTS I NEED PRINTED IS _____.

Please pick-up the transcripts you need for Scholarship applications from Student Services. 1 day notice required.