



DOCUMENTS OR INFORMATION REQUEST

IDENTIFICATION (Please print)	
Student name (first, middle, last)	
Student date of birth (YYYY-MM-DD)	Permanent code (if known)
Name of the last CQSB school attended, with school year	Name of parent or guardian while attending school
Applicant name, if different than student	Applicant relationship to the student
Applicant address (number, street, city, province, postal code)	
Applicant telephone number	Applicant email address
<p>The applicant must submit a copy of an OFFICIAL PROOF OF IDENTIFICATION with signature (such as a driver's license, a passport or a health insurance card). All copies will be destroyed as soon as the identification has been validated.</p>	

DOCUMENTS AND INFORMATION REQUESTED	
School transcripts - School name, years and academic grades:	Achievement record (if available) Attestation of training (adult learning) Personal Aid File or Professional Aid File - Reports:
	Other:
Proof of school attendance (eligibility for instruction in English) Deceased student (for information release, please check the Personal Request box)	

INFORMATION RELEASE	
<p>PERSONAL REQUEST: The applicant is the student or the parent / legal guardian of the student under 18 years of age.</p> <p>THIRD PARTY: If you are submitting this request <u>on behalf of any individual aged 18 years or older</u>, you must provide legal authorization to do so. Please fill out the Third Party Authorization form (next page).</p>	
SEND DOCUMENTS TO:	
Email:	Fax number: In person (scheduled meeting)
Mailing address:	

AUTHORIZATION	
Signature of the applicant:	Date:

TO SUBMIT YOUR REQUEST:

By mail: Central Québec School Board
Att: Document Management Centre
3007 William-Stuart Street
Québec, QC G1W 1V4

By email: archivescqsbc@cqsbc.qc.ca
By fax: 418-654-3686



COMMISSION SCOLAIRE CENTRAL QUÉBEC
CENTRAL QUÉBEC SCHOOL BOARD

2046, chemin St-Louis
Québec (Québec) G1T 1P4

Third Party Authorization

I, undersigned _____
NAME AND SURNAME

currently residing at

NUMBER, STREET, CITY (PROVINCE), POSTAL CODE

and born on the

YYYY-MM-DD

authorize the Central Québec School Board to submit the identified documents in the attached form to:

IDENTITY OF THE AUTHORIZED THIRD PARTY

Relationship to applicant:

Signed in _____, on the _____
CITY YYYY-MM-DD

SIGNATURE