



COMMISSION SCOLAIRE CENTRAL QUÉBEC
CENTRAL QUÉBEC SCHOOL BOARD

STUDENT TRANSCRIPT REQUEST

Important: This form is used to request transcripts for students who last attended CQSB school programs three (3) or more years ago. All other requests should be sent directly to the current/past school the student attends/attended. Nominative information is confidential and may be released only with the written consent of the individual concerned.

IDENTIFICATION (Please print)

Name(s) used while attending school (first, middle, last)

Current name (if different than above - first, middle, last)

Current address

Current telephone number

Current email address

Date of birth (YYYY-MM-DD)

Permanent code (if known)

Name of parent or guardian while attending school

Attendance (name of the last CQSB school attended, school year, academic grade)

Identification of documents requested, school years and academic grades:

RELEASE

Personal request

Third party

Name of the authorized person: _____

Relationship to student: _____

NOTE: if you are acting on behalf of a former student, you must provide legal authorization to act on behalf of that individual.

Send documents to:

Mailing address: _____

Fax to: _____

Pick up at Document Management Centre

AUTHORIZATION

Signature of the applicant _____ Date _____

Submit your request

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

By email: archivescqsbs@cqsbs.qc.ca

By fax: 418-654-3686