

## REQUEST FOR STUDENT RECORDS

**How to Submit:** Please submit the completed form via email to [records@surreyschools.ca](mailto:records@surreyschools.ca). Alternatively, you can mail your completed form to Records Management Services, 14033 92 Avenue, Surrey, BC V3V 0B7.

**Fees:** Digital copies: \$10 per request. Physical copies: \$10 for the first copy, \$5 for each additional copy. This also includes "All of the above" category.

**How to Pay:** Accepted methods include e-Transfer, Credit (Visa or MasterCard), Cash, or Cheque made payable to SD #36 (Surrey). Payment instructions will be provided after form submission. Do not submit payment information with this form.

**Identification:** You must present government-issued photo identification prior to the release of records. Identification instructions will be provided after form submission. Do not provide ID with this form. If you are requesting student records on behalf of another individual, provide either: (a) the individual's signed consent authorizing disclosure, or (b) proof of your authority to act on the individual's behalf in accordance with section 5(1)(b) of the Freedom of Information and Protection of Privacy Act. To expedite processing time, please include signed authorization when submitting this form.

1. Contact Information				
Last Name:	First Name:	Middle Name:		
Email Address:	Phone Number:			
2. Enrollment Information				
Legal Name When You Attended School (If Different):	Date of Birth:			
Last Surrey School Attended:	Last Year Attended:			
3. Order Information				
Records I am Requesting (Enter Quantity):				
Letter of Attestation	Permanent Student Record Card	Personal Education Number	Transcript	All of the Above
Records Will Be (Select One):				
Emailed	Mailed	Picked-up by Applicant	Picked Up by Third Party (Print Name): _____	
<b>If You Selected Mailed, Please Provide Your Mailing Address:</b>				
Street Address or P.O Box:	City/Town:	Province:	Postal Code:	
4. Payment Information				
Preferred Payment Method (Select One):				
e-Transfer	Credit (Visa or Mastercard)	Cash	Cheque	
5. Authorization to Release Information				
I hereby authorize School District 36 (Surrey) to conduct a search for my personal information and to release my personal information in the manner indicated above.				
_____	_____	_____		
Printed Student Name (Or parent/legal guardian, if applicable)	Student Signature (Or parent/legal guardian, if applicable)	Date		

*Your personal information will be collected in this form for the purpose of providing a response to your request. If you have any questions about the collection of this personal information, please contact: [privacy@surreyschools.ca](mailto:privacy@surreyschools.ca). This information is being collected by Surrey Schools under s.26(c) of the Freedom of Information and Protection of Privacy Act.*