



Simcoe Composite School

40 Wilson Drive, Simcoe, ON N3Y 2E5

519-426-4664 | Fax: 519-426-4020 | granderie.ca/schools/scs

REQUEST FOR STUDENT TRANSCRIPT Authorization and Consent

PLEASE PRINT

Current Full Name: _____

Name(s) used at school (if different): _____

Date of Birth: _____ Telephone: _____
(MM/DD/YYYY)

Mailing Address: _____

Last Year of Attendance: _____

Reason for Request: _____

There is a \$10 non-refundable fee for each copy of a transcript that must be paid prior to processing – payment by cash, cheque or money order, payable to Simcoe Composite School.

DISTRIBUTION INFORMATION

Pick Up (if not by applicant, indicate name below):

I authorize release of the requested document to: _____

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AUTHORIZATION (to be completed by Applicant)

I authorize Simcoe Composite School to release the requested document as specified in the Distribution Information section.

Signature

Date

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