



DOCUMENT REQUEST FORM

IDENTIFICATION OF THE PERSON CONCERNED (for ~~the~~ student)

PERMANENT CODE (if known)

EMAIL _____ **TELEPHONE (daytime)** _____

SCHOOLS ATTENDED WITHIN THE SIR WILFRID LAURIER SCHOOL BOARD BEGINNING WITH LAST SCHOOL (include elementary and secondary schools, adult education & vocational training centres)	YEAR	GRADE

DATE OF BIRTH (year, month, day)

Email _____

DOCUMENT(S) REQUIRED

Report Card(s) School _____ Grade _____

Letter of attestation of school attendance Other | please specify _____

For Achievement Records and/or Diplomas, please [click here](#)

REASON FOR REQUEST

Post-secondary education Employment Other _____

DELIVERY OPTIONS

<input type="checkbox"/> PICK UP AT THE HEAD OFFICE SIR WILFRID LAURIER SCHOOL BOARD 235, Montée Lesage, Rosemère (Québec) J7A 4Y6 450 621-5600 archives@swlauriersb.qc.ca <p style="color: red; font-size: small;">If the person making the request wishes to designate someone to pick up the document(s) on their behalf, they must print and complete an authorization form.</p> <input type="checkbox"/> EMAIL TO: _____	<input type="checkbox"/> MAIL TO THE FOLLOWING ADDRESS (Please expect longer delivery time.) NAME _____ ADDRESS (number, street, apt., or P.O. box) _____ CITY _____ PROVINCE _____ POSTAL CODE _____ TELEPHONE (daytime) _____
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DATE _____