OFFICIAL TRANSCRIPT REQUEST



KILDONAN-EAST COLLEGIATE: 845 Concordia Ave., Winnipeg, Man., R2K 2M6, Phone: 204.667.2960, Fax: 204.667.1203 or email to kec@retsd.mb.ca

Transcripts are printed on security paper and appear as void in fax or scanned email attachments; therefore, transcripts are sent via Canada Post letter mail. Transcripts requested will be processed within five business days of receipt. TOTAL NUMBER OF COPIES FOR PICKUP (maximum of 5): ____

By me

By this person I authorize:

PHOTO ID MUST BE PRESENTED AT TIME OF PICKUP

STUDENT INFORMATION

Legal last name:		Legal first name:			
Birthdate (dd/mm/yyyy):		Former legal name:			
Last RETSD school attended: Kildonan-East Collegiate				Year of graduation:	
Current street address:					
City:	Province: Pos		Posta	l code:	
Phone:	Email:				
RANSCRIPT RECIPIENTS					
Please send my transcript to the following	recipients:				
Address:					
	Drovinco		Docto	l codo:	
City:				Postal code:	
To the attention of:		Phone:			
Address:					
City:	Province: Pos		Posta	l code:	
To the attention of:		Phone:			
Address:					
City:	Province:		Postal code:		
To the attention of:			Phone:		
Student signature		Date			
This completed form can be dropped off, n	nailed, faxed or sent a	as an email attachment t	o the l	ast senior years school attended.	

During summer closure, transcript requests can be sent to the Administration Offices. Transcripts sent to incomplete addresses provided on the request may cause delays or returns by Canada Post. The onus is on the requestor to ensure the transcript is received by the stated recipient. River East Transcona School Division is not responsible for the loss or delay of transcripts by Canada Post.

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