



# Request for Official Transcript/Diploma

High School Certification  
P.O. Box 8700  
St. John's, NL A1B 4J6

Telephone: 1-709-729-7925  
Fax: 1-709-729-0611

Under the authority of Section 32c of the Access to Information and Protection of Privacy Act, personal information is collected in order for processing, handling and issuance of the appropriate official transcripts in accordance with the information supplied on this form. This information is kept confidential and handled as required by the Access to Information and Protection of Privacy (ATIPP) Act.

Any questions or comments can be directed to Manager, High School Certification, P.O.Box 8700, St. John's, NL, A1B 4J6 who can be reached at (709) 729-6261.

Full Legal Name: \_\_\_\_\_ Student Number (MCP): \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_  
Last Grade or Level completed: \_\_\_\_ Last High School Attended: \_\_\_\_\_

## Address Information

Current Phone Number: \_\_\_\_\_ email: \_\_\_\_\_  
Current Address:  
\_\_\_\_\_  
\_\_\_\_\_  
Address when Last Attended School:  
\_\_\_\_\_  
\_\_\_\_\_

Requesting:  Transcript  Diploma  GED

## Fax Transcript

1. Attention to: \_\_\_\_\_  
\_\_\_\_\_  
Fax Number: \_\_\_\_\_

2. Attention to: \_\_\_\_\_  
\_\_\_\_\_  
Fax Number: \_\_\_\_\_

If you require extra copies sent to other than the above, please supply a list

## Mail Transcript/Diploma

1. Address:  Same as Current Address Above  
\_\_\_\_\_  
\_\_\_\_\_

2. Address: If you require extra copies sent to other than the above, please supply a list  
\_\_\_\_\_  
\_\_\_\_\_

## Pickup Transcript/Diploma: (Photo-identification is required for pickup service.)

If requesting on the behalf of the student/former student, please specify your relationship. I am the student's/former student's  
 Parent (if the student is 19 or over in age, please attach the Consent to Disclose Personal Information form.  
 Guardian (Provide proof of guardianship and if the student is over 19 in age, please attach the Consent to Disclose Personal Information form.

**Student Authorization:** I acknowledge the Department of Education and Early Childhood Development, Government of Newfoundland and Labrador has authority to collect the general information contained on this form and authorize the Department of Education and Early Childhood Development, Government of Newfoundland and Labrador, to disclose my transcript information to the destinations listed above in accordance the instructions I have provided. I understand that this request will be processed only if signed by the student/former student or an authorized person, with written consent of the student/former student.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: The Department of Education and Early Childhood Development does not email or Courier Transcripts