



# STUDENT RECORD REQUEST FORM

DATE OF REQUEST: \_\_\_\_\_

Records requested for the purpose(s) of: (check all applicable)

Proof of English Instruction (to permit child to attend English schools in Quebec)

Proof of School Attendance (for Child Tax Credit purposes, Citizenship, etc.)

**Note: If requiring proof for more than one child, please complete a form for each child.**

For proof of Learning Disabilities:

Psychological Assessments

Speech and Language Assessments

**Note: These records are retained until student's age of 31, after which time they are destroyed. IEPs are held for five years after the student last attends school then destroyed.**

Other (provide details): \_\_\_\_\_

## STUDENT INFORMATION (please print)

<b>NAME (CURRENT)</b>		<b>NAME - WHILE IN SCHOOL</b> (if different from current)		<b>Date of Birth</b> (month/day/year)	
First Name:		First Name:			
Middle Name:		Middle Name:		<b>Other Names Used</b>	
Last Name:		Last Name:			
<b>Last Secondary School Attended</b>		<b>Last Adult Education Centre Attended</b>		<b>Did You Graduate?</b>	
				YES	
<b>Last Year Secondary School Attended</b> (approximate):		<b>Last Year Adult Education Attended</b> (approximate):		NO	
				<b>Contact Phone Number</b> (including area code)	
				<b>Email Address</b>	

**I certify that all information submitted on this form is accurate and that I am the person named on the Student Record. I understand that submitting false information with respect to my identity may result in legal action against me.**

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

## DISTRIBUTION INFORMATION (please print)

<b>PICK UP:</b>	<b>MAIL TO:</b>
<input type="checkbox"/> By Student:	Person/Institution: _____
Signature (upon pickup): _____	Street Address: _____
<b>Note: This section MUST be completed in order for a Third Party to pick up any records on behalf of a student.</b>	City/Province/Postal Code: _____
<input type="checkbox"/> By Third Party authorized by Student	<b>FAX TO:</b>
Student Signature: _____	<b>NOTE: When requesting your document to be faxed, please also provide your mailing address above. The paper copy will be mailed to you at no additional cost.</b>
Third Party Full Name: _____	Person/Institution: _____
Third Party Signature: _____	Fax Number: (including area code) _____
<small>(to be signed &amp; photo ID shown in TVDSB Records Office upon pickup)</small>	

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Coordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone 519-452-2000 ext. 20218.

**OFFICE USE ONLY** Mailed on: \_\_\_\_\_ Faxed on: \_\_\_\_\_

THAMES VALLEY DISTRICT SCHOOL BOARD RECORD CENTRE  
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Email: records@tvdsb.ca