



Consent to Release of Information

Applicant's Information for (please select): For High School Transcript Birth Certificate Other (specify)

Last Name: _____ First Name: _____
Middle Name(s): _____ Date of Birth: Year/Month/day _____
Phone: _____ Email: _____
Year of Graduation/Last Year of Attendance: _____

Parent's Information: complete in full

Father:

Mother:

Last Name: _____ Last Name: Mother's Name at Birth _____
First Name: _____ First Name: _____
Middle Name(s): _____ Middle Name(s): _____

Pickup by Yourself Authorizing another person to Pick Up Mailing to College/University Home address

Name of Authorized Person: _____
Name of College/University: _____
Address of College/University: _____

Student ID No. for College/University: _____ Appln. No for College/University: _____
Home Address: _____
(only enter if to be sent home)

Consent: _____ **Date:** _____

(Parent may ONLY sign if under 18)

ID must be provided (acceptable ID: Driver's License, Birth certificate, Passport or Citizenship)

ID presented at counter of the applicant and/or authorized person ID attached

Payment: Acceptable payments are cash, money order or cheque, payable to Philemon Wright HS

(payment at time of request)

No of copies of transcript _____ x\$5.00

Rush Order: _____ x\$10.00

(10 business days to process)

(5 business days to process)

Send Completed form and copy of ID along with appropriate fee(s) to:

Philemon Wright High School
Attn: D. Miljour (Transcripts)
80 Daniel Johnson Blvd.,
Gatineau, QC J8Z 1S3
Tel: (819) 776-3158 ext. 439010
Email: dmiljour@wqsb.qc.ca

OFFICE USE ONLY: Permanent Code: _____ Date of Completion: _____ Additional Comment: _____ Initials of Receptionist/Coordinator: _____ <small>(that original ID for applicant has been seen)</small>
