

Library Support Services
Winnipeg School Division
1075 Wellington Avenue
Winnipeg Manitoba R3E 0J7

Attention: Student Records

To Whom it May Concern:

I hereby authorize release of my Winnipeg School Division student records to the following:

(Name of educational institution, prospective employer, etc. to receive records.)

c/o _____
(Name of Contact Person or Department)

(Street Address)

(City/Town, Province/State, Postal/Zip Code, Country)

My name is _____

While at school, I was also known as:

(include any variant spellings or nicknames that might have appeared on school records)

I was born on _____
(month/day/year)

I last attended the Winnipeg School Division at:

_____ in _____
(name of last WSD school attended) (year)

(Date)

(Signature)

(Phone)

(E-mail address)

*Fax to 1-204-783-9628 or
E-mail to wsdstudentrecords@wsd1.org or
Mail to address at top.*