



# LIBRARY SUPPORT SERVICES

1075 WELLINGTON AVE, WINNIPEG MB R3E 0J7

Tel : 204-788-0203 Fax : 204-783-9628

## ATTENTION: STUDENT RECORDS

(PLEASE PRINT!)

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

\_\_\_\_\_  
*(My Full Name)*

\_\_\_\_\_  
*(My Street Address)*

\_\_\_\_\_  
*(My City/Town, Province/State, Postal Code/Zip Code, Country)*

While at school, I was also known as:

\_\_\_\_\_  
*(Include maiden name and/or any other spellings or nicknames that might have appeared on school records.)*

I was born on the following date: \_\_\_\_\_  
*(month/day/year)*

I last attended the Winnipeg School Division at the following school:

\_\_\_\_\_ in \_\_\_\_\_  
*(Name of last WSD school attended) (Year)*

And I hereby authorize Winnipeg School Division to transmit my records to me by the following method(s) as indicated by the check-marked boxes below:

- Canada Post mail** (my mailing address is indicated above)
- Email** (my email address is \_\_\_\_\_)
- Fax** (my fax number is \_\_\_\_\_)

***IMPORTANT NOTE:*** You must include a copy of one of the following pieces of currently valid identification (which includes your current address and birthdate) if you are not picking up your student records in person: *Driver's License, Official Health Card, Citizenship ID Card, Passport, etc.*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Home Telephone)*

\_\_\_\_\_  
*(Mobile or Other Telephone)*

***Fax this form and attachment to 1-204-783-9628 or scan and email to "wsdstudentrecords@wsd1.org" or mail to the address indicated at the top of this page.***