



MOUNT BAKER SECONDARY SCHOOL
1410 Baker St, Cranbrook, BC V1C 1B2
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Email: mbss.transcripts@sd5.bc.ca

TRANSCRIPT REQUEST ORDER FORM

DATE _____

PRESENT NAME _____
First Middle Last

FORMER NAME (if applicable) _____

PHONE NUMBER () _____ BIRTH DATE _____

PRESENT ADDRESS _____

CITY/PROVINCE _____ POSTAL CODE _____

LAST YEAR AT MBSS _____ EMAIL _____

NUMBER OF TRANSCRIPTS REQUESTED _____

We accept cash, cheque or money order. (If paying by cheque or money order, please make payable to MOUNT BAKER SECONDARY SCHOOL.)

Mail to:

FEE ___\$10.00

Payment is required before Transcripts are prepared. Transcripts are prepared within two working days in the order in which requests are received.

Signature (signature is mandatory pursuant to Section 33 (c) Freedom of Information and Protection of Privacy Act)

Proof of identity will be required when Transcripts are ordered and picked up.

Authorization for Release of Transcripts

I, _____ hereby authorize Mount Baker Secondary School to
release my Transcripts to: _____ . (Proof of identity required)