



Alberni District Secondary School

4000 Roger St.
Port Alberni, BC V9Y 0B1
Phone: (250) 724-3284 ext. 5
Fax: (250) 723-4073

Transcript application

Date _____

Name : _____

Telephone number: _____ Email: _____

Address information: _____

Graduation year: _____ Non-Grad _____

Date of Birth: MM (____)DD (____)YY (____)

How many official transcripts are required: _____

The transcript will be required to be (choose A, B or C):

A. Picked up by – Print name of person:
_____ (Signature) _____

B. Mailed to - Name of Institution: _____
Address - _____

C. Faxed to - Attention: _____ Fax # _____

Cost of Transcripts

- **\$5.00 for one copy of transcript.**
- If ordering more than one copy - \$5.00 for the first and \$3.00 each after that
- Faxed additional \$3.00 charge plus cost of transcript(s)
- Mailed additional \$3.00 charge plus cost of transcript(s)
- WE DO NOT ACCEPT CREDIT CARDS OR DEBIT
- Allow 24 hours for process of transcript.

Processed by: _____ Date: _____