



STUDENT RECORDS REQUEST

Instructions:

1. TRANSCRIPTS:

If you are a **former student** looking for an official high school transcript, please contact the Department of Education, Government of Newfoundland and Labrador:

High School Certification

Department of Education
P.O. Box 8700
St. John's, NL A1B 4J6
Telephone: 1-709-729-3001
Fax: 1-709-729-0611
[Email: transcripts@gov.nl.ca](mailto:transcripts@gov.nl.ca)

You can also follow this link to obtain a transcript: <https://www.gov.nl.ca/education/k12/highschool/transcripts/>

2. CUMULATIVE RECORD/CONFIDENTIAL FILE:

If you are a **current student** 19 years of age or older, or the **parent/guardian of a current student** under the age of 19 years, and you wish to obtain a copy of information from your student file, please contact your school directly. You will be required to submit this form [**Student Records Request Form**] to the school.

If you are a **former student** 19 years of age or older and wish to obtain a copy of information from your student file, please complete this form and send to the school you last attended. A school directory is available at www.nlschools.ca.

If you are uncertain about which school you should contact, please send the completed form to:

NLSchools,
100 Prince Philip Drive
P.O. Box 8700
St. John's, NL · A1B 4J6
Telephone: 709-729-1234
Fax: 709-729-9876

3. Requests for copies of current (active) student records will normally be responded to within 7 business (school) days during the school year.
4. If the request is for an inactive student record, your request will normally be responded to within 15 business (school) days during the school year.
5. Any information to be provided will be mailed to you by regular mail or arrangements can be made for you to pick it up at the school, regional office or district headquarters, depending on where the record is stored.
7. AUTHORIZATION TO RELEASE: Please complete the **Release of Information** section on the Student Records Request Form if you want the information from your record to be picked up by, or mailed to, another individual or agency.



STUDENT RECORDS REQUEST FORM

Full Name of Student (Please Print): First Middle Last			<i>Parent/Guardian Name, if student is younger than 19 years of age (Please Print):</i>
Student Date of Birth: Month Day Year			Phone Number: Email address:
Current Address:			Mailing Address (if different from current address):
Last school attended in the Province of Newfoundland and Labrador: _____ _____ _____			
Community where school is/was located: _____			
Last grade attended: _____ Last year attended: _____			
Graduated from school: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please provide detail on type of information requested:			
<input type="checkbox"/> Copy of final grades/report card <input type="checkbox"/> Assessment (e.g. psychological, speech-language) <input type="checkbox"/> Other			
Details: <i>Please complete this section only if you wish to have the information released to another person:</i> <input type="checkbox"/> I hereby authorize the Department of Education, Education Operations Branch to release the records requested to the following:			
Name of Person (Please Print):		Mailing Address:	
Agency (if applicable):			
Phone Number:			
Fax Number (if applicable):			
Signature (Student or Parent/Guardian): _____			
Date: _____			

Personal information is collected under the authority of Access to Information and Protection of Privacy Act (ATIPPA) and the Schools Act (1997). This information will be used to search for student records within the Department of Education, Education Operations Branch Records. It will be treated in accordance with the privacy protection provisions of ATIPPA. For further information contact the Privacy Manager: privacyeecd@gov.nl.ca