

# Student Record Request



I \_\_\_\_\_ give School District #33 (Chilliwack)  
(print full legal name)  
permission to release my student records.

## School History in Chilliwack District *(please print clearly)*

Maiden name and/or any previous name(s): \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Last School attended/registered at: \_\_\_\_\_

Last year attended/registered: \_\_\_\_\_ Last grade completed? \_\_\_\_\_

Completed graduation requirements? ☐ Yes ☐ No ☐ Unsure

I would like my records to be *(check one)*:

☐ Held at the School District Office for pick-up.

☐ Emailed to:

☐ Sent to my current home address *(provide address below – include postal code)*:

☐ Sent to another institution *(provide address below - include postal code)*:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_