



Academic Records Request Form

This form may be used to request your academic records from the institution you attended. You will need to contact the institution directly and pay any fees the institution may require.

Please complete the top section of the form under "Your Information" and submit this form to the institution.

YOUR INFORMATION

TRB File # (if applicable)

Form with fields: Surname, Given Names, Date of Birth, Previous Name, Telephone Number, E-mail Address, Institution Name, Country, Dates Attended, Degree Name, Date Awarded, Student Number.

I hereby authorize the release of my academic records to the Teacher Regulation Branch.

Applicant's signature: _____ Date: _____

FOR AUTHORIZED OFFICIALS

The person named above requests that his/her academic records be mailed to the Teacher Regulation Branch. The records/statement of marks should show all subjects completed and all grades/marks awarded for all years of study.

Please complete the section below. Mail this form and the academic records directly to the Teacher Regulation Branch, Ministry of Education, 400-2025 West Broadway, Vancouver, BC V6J 1Z6, Canada.

Form with fields: Institution Name, Degree Awarded, Date Awarded, Name of Official, Title, Telephone Number, E-mail Address.

Authorized signature and seal: _____ Date: _____

May 2014