

DOCUMENT REQUEST FORM

IDENTIFICATION OF THE PERSON CONCER	NED (former student)
1 1	PERMANENT CODE (if know)
EMAIL	TELEPHONE (daytime)
SCHOOLS ATTENDED WITHIN THE SIR WILFRID LAU BEGINNING WITH LAST SCHOOL (include elementary and secondary schools, adult education of	TEAN GRADE
IDENTIFICATION OF THE PARENT/GUARDIA	AN MAKING PEOLIEST (for minor child)
DATE OF ERTH (yar, month, da)	
Email DOCUMENT(S) PEOLUPED	
DOCUMENT(S) REQUIRED Report Card(s) School	
REASON FOR REQUEST	
Post-secondary education Employment Other	
DELIVERY OPTIONS	
☐ PICK UP AT THE HEAD OFFICE	MAIL TO THE FOLLOWING ADDRESS (Please expect longer delivery time.)
SIR WILFRID LAURIER SCHOOL BOARD 235, Montée Lesage, Rosemère (Québec) J7A 4Y6 450 621-5600 l archives@swlauriersb.qc.ca	NAME
If the person makinghe reqest is the sto designate someone to pick up the document(s) on their thalf, the youst print and complete an authorization form.	ADDRESS (number, street, apt., or P.O. box) CITY PROVINCE
☐ EMAIL TO:	POSTAL CODE
	TELEPHONE (daytime)