

STUDENT INFORMATION

_____ Last name at birth _____ First name _____
 _____ Full name of father _____ Full name of mother _____
 _____ Year _____ Month _____ Day _____ Sex _____
 Permanent code (if known) _____ Date of birth _____
 Present address _____
 _____ Postal code _____ Telephone number _____

RECIPIENT OF DOCUMENT(S)

Name _____
 Address _____
 _____ Postal code _____ Telephone number _____
 Name of recipient _____

DOCUMENT(S) REQUESTED

	Grade*	Year (June)		Trade (if applicable)
Statement of marks	<input type="checkbox"/>	<input type="checkbox"/>	Public school <input type="checkbox"/> Private school <input type="checkbox"/>	_____
Statement of competencies	<input type="checkbox"/>			_____
Diploma	<input type="checkbox"/>			_____
Name of school	_____			
Municipality	_____			

	Class*	Year (June)		Trade (if applicable)
Statement of marks	<input type="checkbox"/>	<input type="checkbox"/>	Public school <input type="checkbox"/> Private school <input type="checkbox"/>	_____
Statement of competencies	<input type="checkbox"/>			_____
Diploma	<input type="checkbox"/>			_____
Name of school	_____			
Municipality	_____			

Grades 7, 8, 9, 10, 11, 12, CPES, EPSC, Sec. IV, Sec. V, SSV, SSVD, DVS

SIGNATURE AND AUTHORIZATION

Signature of the student or authorized person making the request _____ Date _____

I hereby authorize the Ministère de l'Éducation, du Loisir et du Sport to use this information for a survey on the quality of services offered.

The Direction de la sanction des études keeps the files of students whose studies are certified by the Département de l'Instruction publique or the Ministère de l'Éducation, du Loisir et du Sport. Please return this form to Nicole Giguère, DSE – 675, boulevard René-Lévesque Est, Aile René-Lévesque, 4^e étage, Québec (Québec) G1R 6C8 — Fax: (418) 644-6909 — Telephone: (418) 643-1761.