



TRANSCRIPT OF RECORD REQUEST FORM

STUDENT INFORMATION

Student ID Number: _____

Name (Last, First, Middle): _____

Date of Birth (MM/DD/YY): _____

Current Address: _____

Dates of Attendance at the Canadian American School: _____

PARENT INFORMATION

Father's Name (Last, First, Middle): _____

Mother's Name (Last, First, Middle): _____

Telephone Number: _____

DELIVERY METHOD:

- In-Person Pick Up
- Mail
- E-Mail

RECIPIENT INFORMATION:

Recipient Name: _____

Email Address: _____

School Name: _____

Address: _____

City, State, Zip Code: _____

Country: _____

Pursuant to the provisions of the Republic Act 10173 - Data Privacy Act of 2012, I grant permission for the release of my child's academic records as indicated on this form.

Signature: _____

Name: _____

Relationship to student: _____

Date: _____

